CW Name: _____ Date Completed: _____ New Risk Score/Same: _____

# of Meals _____ Follow up Needed: _____

MOW PRIORITY ASSESSMENT **UPDATED 8.17.23 T.W.**

Client's Name:	**Client ID:**	**Date**

Homebound and Driving Status (check one)	**Score**		**Comments**
100% Homebound (uanble to leave home without assistance)		15	
80% Homebound (no longer drives, gets other transportation to needed appointments)		7	
50% Homebound (no longer drives, but can go anywhere with assistance from others)		3	
10% Homebound (can drive themselves very short distances in an emergency)		1	
Can drive but not on medical appointment days		1	
Is client currently able to drive themselves		-15	
Total Homebound Score	**0**		

Mobility (check one)	**Score**		**Comments**
Bedbound		10	
Wheelchair bound or has a falling risk		3	
Walker/cane/crutches		1	
Total Mobility Score	**0**		

Social Support (check all that apply)	**Score**		**Comments**
No outside social support or all members of home 100% homebound		10	
Other person in home cannot care for them or is disabled		7	
Good social support, but home alone during the day		1	
Capable and available all day caregiver		-10	
Client lives with family other than spouse?		-10	
Needs daily check ins or observation from others		5	
****Home Based Assessement**** Concerns about any abuse or neglect towards the client, or unitentional self neglect from client?		5	
Total Social Support Score	**0**		

Monthly Income Level (check one)	**Score**		**Comments**
100% **or Lower** Federal Poverty Level ($1215-$1614 individual, $1642-$2184 couple)		15	
133% Federal Poverty Level ($1615-$1666 individual, $2185-$2266 couple)		10	
138% Federal Poverty Level ($1667-$1821 individual, $2267-$2464 couple)		10	
150% Federal Poverty Level ($1822-$2429 individual, $2465-$3285 couple)		7	
200% Federal Poverty Level ($2430-$2732 individual, $3286-$3696 couple)		5	
225% Federal Poverty Level ($2733-$3036 individual, $3697-$4107 couple)		3	
250% Federal Poverty Level ($3037-$3340 individual, $4108-$4518 couple)		1	
275% **or Higher** Federal Poverty Level ($3341 or higher individual, $4519 or higher couple)		-10	
Are you on Medicaid? (Y/N)			
Total Income Level Score	**0**		

Dietary/Food Considerations (check all that apply)	**Score**		**Comments**
Without wanting to, has lost 10 lbs. in the last 6 months		5	
In the last month have either of these statements applied to you?			
Did you or other adults in your household ever cut the size, or skip your meals because there wasn't enough money for food?		5	
Did you or other adults in your household worry whether your food would run out before you got money to buy more?		5	
****Home Based Assessement**** On days you don't have meals delivered to you, are you able to eat meals or have other food options available? ***If client <u>does not eat</u> on non-delivery days, mark them for weekend delivery.***		5	
Total Dietary/Food Considerations Score	**0**		

Health Considerations (check all that apply)	Score		Comments
On Hospice		5	
Receiving Home Health		3	
Mental health/cognitive issues (behavioral issues, dementia, Alzheimer's)		10	
Chronic, debilitating physical condition (vision, hearing, or dexterity loss)		3	
Mild Cognitive Impairment		1	
Has a temporary medical condition or disability that is limiting their mobility and expected to improve within 3 months? **Schedule in Home Assessment**		1	
Home Based Assessement Acute Medical Condition Not Improving/Additional Recovery Time		5	
Home Based Assessement Acute Medical Condition Healed and Mobility Improved		-10	
Home Based Assessement In a weather emergency, would you be able to provide yourself with a meal? *If no, mark clients on the emergency route if they get a Code 1 or Code 2.*		5	
Total Health Score	**0**		

Is client of a minority group? (5 points)		5	
Minority Status			
For any new clients, staff must do a Nurtrition Health Score Assessement. If the client scores a 6 or higher, regardless of their total Priority Score, they shall be put onto a high risk score.			**If client has concerns about their score after an in home assessment, and they inquire, the client can request a review of the intake from the program manager, if the score didn't capture the clients situation accurately.**
Total Priority Score	**0**		

Priority Code	Scale	Risk	Frequency
Code 1	50+	(High Risk)	Eligible for up to 5 days/week
Code 2	40-49	(Moderate Risk)	Eligible for up to 3 days/week
Code 3	21-39	(Low Risk)	Eligible for up to 1-2 days/week
Code 4	0-20	(Minimal Risk)	No meals until completed in-home assessment (unless spouse of eligible client); not eligible for meals if client lives with others

Completed By:	

In Home Assessement- Weekend Meals & Emergency Routes	Code 1	If the client qualifies for a weekend meal, mark them as **1A**, if they qualify for Emergency Route meals, mark them as **1B**, if they qualify for both weekend and emergency meals, mark them as **1C**
	Code 2	If the client qualifies for a weekend meal, mark them as **2A**, if they qualify for Emergency Route meals, mark them as **2B**, if they qualify for both weekend and emergency meals, mark them as **2C**