

Village of Pleasantville Senior Citizen Programs & Services
1A Clinton Street, Pleasantville, New York 10570
(914) 769-2021

Date: _____

Home Delivered Meals Program Needs Assessment

Name: _____ Telephone: _____

Address: _____

Birthdate: _____ Male ___ Female ___

In Home Assistance: _____

Emergency Contact:

Name: _____ Relationship _____

Telephone #s _____

Address: _____

Emergency Contact: Name: _____ Relationship: _____

Telephone #s: _____

Address: _____

Physician: _____ Telephone: _____ Fax: _____

Address: _____

Special Diet (Only Prescribed by Physician, Clinic or Hospital) Yes _____ No _____

Describe: _____

Health Problems: _____

Medication: (Kind & Reason) _____

Mobility: Housebound ___ Bedridden ___ Wheelchair ___ Crutches ___ Other ___

Physical Status (Special Needs) _____

Mental Status Appears: Alert _____ Confused _____ Withdrawn _____ Depressed _____

Comments: _____

Household Composition: Lives _____ Alone _____ Lives w/Spouse _____ Other _____

Type of Housing: Pvt. Home _____ Apartment _____ Rooming House _____ Other _____

Assistance Required:	Great Deal	Some	None	Weekend Provision (comment)
Shopping	_____	_____	_____	_____
Food Preparation	_____	_____	_____	_____
Housekeeping	_____	_____	_____	_____
Home Maintenance	_____	_____	_____	_____
Laundry	_____	_____	_____	_____
Personal Hygiene	_____	_____	_____	_____
Feeding Self	_____	_____	_____	_____
Financial Mgmt.	_____	_____	_____	_____

Family Assessment: (if No Family, then friend)	Yes	No	
Motivated to help participant stay home	_____	_____	
Is capable of providing care			
Physically	_____	_____	
Emotionally	_____	_____	
Will provide care if support services given	_____	_____	
Will require instructions in providing care	_____	_____	
Will provide shopping assistance	_____	_____	
Will provide meals:	Breakfast	Lunch	Dinner
Assessment of other needs			

Approved for: Hot: _____ Cold: _____ Days: _____

Date Service Started: _____ Date Service Ended: _____

Reason Service Ended: _____

I am requesting that Home Delivered Meals be delivered to me. I understand the information here is confidential and it will be used only for purposes exactly related to providing services to me under the service plan.

Signature: _____ Date: _____

Service Provider Signature: _____ Date: _____