

YPSILANTI MEALS ON WHEELS

1110 W. Cross St. | Ypsilanti, Michigan 48197 | Phone: 734-487-9669
Fax: 734-482-3868 | info@ymow.org | www.ymow.org



Physician-Clinician Homebound Status Form

Date:

To:

Fax:

From:

Fax: 734-998-6277

Re: Meals on Wheels Eligibility-Homebound Screening

Your patient:

DOB

Part of our program eligibility includes homebound status due to a medical need. Please sign and return the attached Release of Information form OR *send a doctor's note on letterhead with details of the medical & health impairments of the patient being referred to home-delivered meals service to Ypsilanti Meals on Wheels.*

To the best of your knowledge, please indicate which of the following is accurate for your patient. We have provided additional space for you to comment on why the above-named patient is being referred to Ypsilanti Meals on Wheels.

Our federal funding also requires that we ask about current prescription medications, OTC drugs, and supplements. Please attach a list of the patient's current medications with this form and return both via fax to 734-998-6277.

Medical & Physical checklist	
Meals on Wheels homebound criteria (check all that apply):	
<input type="checkbox"/>	Needs assistance from another individual or has difficulty leaving his/her home due to physical limitation (includes high fall risk, seizures, dementia, blindness, recovering from surgery, etc.)
<input type="checkbox"/>	Health Conditions (Please list)
<input type="checkbox"/>	Suffers from multiple impairments of Activities of Daily Living (ADL's) & Instrumental Activities of Daily Living (IADL's). ADL's (Please list): IADL's (Please list):
<input type="checkbox"/>	Patient is bedbound
<input type="checkbox"/>	Limited endurance to navigate distance beyond confines of home & needs assistive devices or experiences significant respiratory distress
<input type="checkbox"/>	Other (please list):

Additional Comments:

Signature & Credentials

Date

To be completed by an MD, DO, Nurse Practitioner, or Physician Assistant