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:** 734-482-3868

Re: **Meals on Wheels Eligibility-Homebound Screening**

Your patient: **DOB**

Part of our program eligibility includes homebound status due to a medical need. Please **fully complete, 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 **734-482-3868**.

Medical & Physical checklist **ALL FIELDS MUST BE FILLED OUT COMPLETELY**	
Meals on Wheels homebound criteria (check all that apply):	
☐	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.)
☐	Health Conditions (Please list)
☐	Suffers from multiple impairments of Activities of Daily Living (ADLs)/Instrumental Activities of Daily Living (IADLs). ADL's (Please list): IADL's (Please list):
☐	Patient is bedbound
☐	Limited endurance to navigate distance beyond confines of home & needs assistive devices **or** experiences significant respiratory distress
☐	Other (please list):

<u>Additional Comments:</u>

______________________________ ________________
Signature & Credentials Date

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