YPSILANTI MEALS ON WHEELS

1110 W. Cross St. | Ypsilanti, Michigan 48197 | Phone: 734-487-9669
Fax: 734-217-4482 | info@ymow.org | www.ymow.org

Physician-Clinician Homebound Status Form

Date:

To: Ypsilanti Meals on Wheels **Fax: 734-217-4482**

From: **Fax:**

Re: Meals on Wheels Eligibility-Homebound Screening

Your patient: _____ Date of Birth: _____

Patient address: _____ Phone: _____

Part of our program eligibility includes homebound status due to a medical need. Please **fully complete and sign** this form. Also, fax a doctor's note on letterhead **with details of the medical & health impairments** of the patient.

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 **734-217-4482**.

	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.). (Please list)
☐	Health Conditions (Please list)
☐	Suffers from multiple impairments of Activities of Daily Living (ADLs)/Instrumental Activities of Daily Living (IADLs). ADLs (Please list): IADLs (Please list):
☐	Patient is bedbound. (Please explain)
☐	Limited endurance to navigate distance beyond confines of home & needs assistive devices **or** experiences significant respiratory distress. (Please explain)

Additional Comments:

_____ _____

Signature & Credentials Date

Print name: _____ Direct phone #: _____

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