

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

Phone:

Re: Meals on Wheels Eligibility-Homebound Screening

Patient:

DOB:

Patient Phone#

Patient Address:

Part of our program eligibility includes homebound status due to a medical need. Included in this fax is a signed Release of Information 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.

Medical & Physical checklist	
Meals on Wheels homebound criteria (check all that apply):	
<input type="checkbox"/>	Need assistance from another individual or difficult to leave home/apartment due to physical limitation (includes high risk falls, seizures, dementia, blind, 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

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