

Area Agency on Aging District 7, Inc.  
**MEAL SERVICE PROGRAMS**  
**Policy and Procedures**

**Policy Name:** Nutrition Risk Assessment  
**Policy #:** MSP-012  
**Reference:** Rule 173-4-03  
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**Created:** 11/22/2010  
**Revised:** 03/20/2015

**Policy:** Nutrition Risk assessments will be conducted on all new consumers and on all consumers on a yearly basis, with appropriate referrals made to community resources.

**Procedures:**

1. Meal providers will conduct a Nutrition Risk Assessment on every congregate and home-delivered meal consumer within one month of enrollment/first meal, and at least annually thereafter.
2. Provider will utilize the Nutrition Risk Assessment (page 2 of this policy) to document each consumer's nutrition risk. This form will be completed on a yearly basis and kept in the individual consumer file.
3. If a consumer is determined to have high nutritional risk, provider will make appropriate community referrals to address any unmet needs as determined by the response to the questions, including but not limited to, referrals to Job and Family Services, food pantries, OSU extension services, health departments, etc.
4. Provider will document, on a monthly basis, the number of consumers who were referred to community-based services due to nutritional high risk. Providers may use page 3 of this policy, or a similar document, to document these actions. This form will be sent to AAA7 in January of each year for the previous year, and/or provided as requested by AAA7.

Area Agency on Aging District 7, Inc.  
**NUTRITION RISK ASSESSMENT**

Ask the consumer the following questions, and circle the number corresponding to the correct answer. When finished, add up the score and determine risk using the scale at the bottom of the page. If consumer is at high nutritional risk, they must be referred to local sources, i.e., food banks, ODJFS for food stamps, OSU extension services, health departments, etc. This assessment must be done annually and kept in the consumer file.

Consumer Name: \_\_\_\_\_

Nutrition Checklist	Yes	No
Have you made changes in the way you eat because of an illness or medical condition?	2	0
Do you eat fewer than two (2) meals per day?	3	0
Do you skip any of these foods daily: fruits, vegetables, dairy products?	2	0
Do you have three (3) or more drinks of beer, liquor or wine almost every day?	2	0
Do you have tooth or mouth problems that make it hard for you to eat?	2	0
Are there times when you do not have enough money to buy the food you need?	4	0
Do you eat most meals alone?	1	0
Do you take three (3) or more prescribed and/or over-the-counter medicines each day?	1	0
Have you lost or gained ten (10) or more pounds in the last six (6) months without wanting to?	2	0
Are there times when you are not physically able to do some or more of the following: shop for food, cook, or eat on your own?	2	0
<b>TOTAL SCORE TODAY</b>		

Scoring:

0-2 = Good

3-5 = Moderate Nutrition Risk

6 + = High Nutrition Risk (referrals must be made and documented)

Agency to Whom Referral Made

Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Area Agency on Aging District 7, Inc.  
**Nutrition High Risk Referrals**

**Provider:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Month	Food Pantry	Job and Family Services	Health Department	OSU Extension Service	Faith-Based Organization	Other
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

**Send a copy of this report to AAA7 in January of each year for the previous year.**