

SENIOR NUTRITION HOME DELIVERED MEALS PROGRAM

Kern County Aging & Adult Services
5357 Truxtun Ave, Bakersfield, CA 93309
661-868-1000/FAX 661-868-1001



PHYSICIAN'S CERTIFICATION

IMPORTANT: THE HOME DELIVERED MEALS PROGRAM IS FOR PERSONS WHO ARE AT LEAST 60 YEARS OF AGE, HOMEBOUND AND ISOLATED BY ILLNESS OR DISABILITIES

PATIENT/CLIENT: _____ DOB: _____

ADDRESS _____ PHONE: _____

CITY _____ ZIP CODE _____

1. BASED ON PHYSICAL/MENTAL AILMENTS, DOES THE PATIENT HAVE THE ABILITY TO PREPARE THEIR OWN MEALS SAFELY? YES _____ NO _____
2. IS THIS PATIENT CAPABLE OF VISITING A SENIOR CENTER TO PARTICIPATE IN THE CONGREGATE MEAL PROGRAM? YES _____ NO _____
3. PLEASE CHECK ALL THAT APPLY TO THIS PATIENT:

MOBILITY

____ ADEQUATE
____ LIMITED
____ BEDRIDDEN
____ CANE
____ CRUTCHES
____ WALKER
____ WHEELCHAIR

VISION

____ GOOD
____ LIMITED
____ BLIND

HEARING

____ GOOD
____ LIMITED
____ DEAF

DATE: _____ PHYSICIAN NAME: _____

(Please print)

PHYSICIAN SIGNATURE: _____ PHONE: _____

****PLEASE NOTE:** THIS PROGRAM IS UNABLE TO ACCOMMODATE SPECIALIZED DIETS (I.E. DIABETIC, RENAL, ETC.). MENUS CAN BE PROVIDED, OR MAY BE VIEWED ONLINE BY VISITING OUR WEBSITE AT [WWW.CO.KERN.CA.US/AAS/SENIOR NUTRITION](http://WWW.CO.KERN.CA.US/AAS/SENIOR%20NUTRITION)

THIS FORM IS NOT CONSIDERED PART OF THE ELIGIBILITY REQUIREMENTS FOR THE HOME DELIVERED MEALS PROGRAM. THE APPLICANT WILL NOT BE DENIED A HOME DELIVERED MEAL, PROVIDED THEY MEET ELIGIBILITY REQUIREMENTS. ONCE A PERSON HAS BEEN IDENTIFIED AS ELIGIBLE TO RECEIVE HOME DELIVERED MEALS, THEY WILL BEGIN RECEIVING MEALS ONCE AN OPENING IS AVAILABLE ON THE PROGRAM. IN THE EVENT THERE IS NO ROOM ON THE DELIVERY ROUTE, THE CLIENT WILL BE PLACED ON A WAIT LIST.