Nutritional Assessment

I. General	Pol	licies and	Proced	lures

A.	How many Dieticians/Nutritionists are employed by your agency? How many are per diem contractor staff?
В.	Describe your/your agency's capacity to travel to provide in-home nutritional assessments and specify any related limitations/restrictions.
C.	What is the timespan between referral and assessment?
D.	Describe any related experience working with elders.
E.	What language capacities are available?
F.	Attach a blank copy of the nutritional assessment tool to be used.
G.	Attach a blank copy of the nutritional care plan to be used.
Н.	Describe your policy for documentation and notification to MDs and the ASAP of the outcome of your intervention.
I. S	pecify requested unit rate, related calculations, and any other charges.
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II. Staff Qualifications

A. What is your policy for ensuring that those providing services to ASAP consumers are properly screened and credentialed?

В.	Attach resume(s) of those seeking to provide Nutritional Assessment Services.
C.	Attach copy of current Dietician/Nutritionist License(s).
D.	If license is expiring in less than one year from date of application, attach documentation of ongoing continuing education credits.
	pervision Describe the procedures for supervision, including frequency, documentation, and credentials/qualifications of supervisors.
В.	Describe the systems and procedures employed to ensure that services are delivered to consumers as authorized.
Provid	er employee who completed this form
Name:	: Date: