

**RYAN WHITE PROGRAM NUTRITIONAL ASSESSMENT LETTER FOR
FOOD BANK SERVICES**
(THIS DOCUMENT IS TO BE COMPLETED BY AN INDEPENDENT PHYSICIAN
OR A REGISTERED DIETITIAN
NOT ASSOCIATED WITH THE PART A FOOD BANK PROVIDER.)

TO BE COMPLETED BY PHYSICIAN

Date: _____

As the primary medical caretaker for _____, who has a diagnosis of _____, it is my professional opinion that he/she requires food bank assistance.

Please specify frequency:

Weekly Monthly

Please specify maximum number of additional food bank visits (occurrences) recommended within a twelve-month period, which starts with the date of the client's first visit to the food bank (first occurrence):

One visit Two visits Three visits

This assistance will maintain the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving.

Physician Signature _____ Name _____

Print MEO# _____

OR

TO BE COMPLETED BY REGISTERED DIETITIAN

Date: _____

As a registered dietitian who has completed an assessment of _____, who has a diagnosis of _____, it is my professional opinion that he/she requires food bank assistance.

Please specify frequency:

Weekly Monthly

Please specify maximum number of additional food bank visits (occurrences) recommended within a twelve-month period, which starts with the date of the client's first visit to the food bank (first occurrence):

One visit Two visits Three visits

This assistance will maintain the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving.

RD Signature _____ Name _____

Print

RD License # _____

Please note: All questions should be addressed to Ms. Theresa Fiaño, Assistant Director, Office of Grants Coordination, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.).

Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.