

**RYAN WHITE PROGRAM NUTRITIONAL ASSESSMENT LETTER FOR  
FOOD BANK SERVICES**  
***[THIS LETTER IS REQUIRED FOR EXTENDED FOOD BANK SERVICES  
OVER AND ABOVE THE INITIAL TWENTY (20) OCCURRENCES (VISITS)]***

(THIS DOCUMENT IS TO BE COMPLETED BY A LICENSED MEDICAL PROVIDER OR A REGISTERED DIETITIAN NOT ASSOCIATED WITH THE PART A FOOD BANK PROVIDER.)

**DATE:** \_\_\_\_\_

As the **licensed medical provider** for \_\_\_\_\_, it is my professional opinion that he/she requires an **extension** of food bank assistance.

**OR**

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

The client has the following **severe** change of status (mark all that apply):

- New HIV-related diagnosis/symptom (please describe) e.g. OI, AIDS diagnosis, etc. \_\_\_\_\_
- Wasting syndrome
- Protein imbalance
- Recent chemotherapy
- Recent hospitalization
- Other medical reasons: \_\_\_\_\_

**Please specify number of occurrences (maximum 16 additional occurrences within the current Ryan White Part A fiscal year):** \_\_\_\_\_

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

Licensed Medical Provider Signature \_\_\_\_\_ Name \_\_\_\_\_

Print License # \_\_\_\_\_

**OR**

Registered Dietitian Signature \_\_\_\_\_ Name \_\_\_\_\_

Registered Dietitian License # \_\_\_\_\_

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**Please note:** All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, 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.

**Rev. 10/28/2016**