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 # __________________________

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