

RYAN WHITE PROGRAM

Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services

This letter is required for additional Food Bank occurrences beyond
the annual twenty (20) occurrences (visits)

To be completed by licensed medical prescriber or registered dietitian* or licensed
nutritionist* (*not associated with the Part A food bank provider)

Client's (Patient's) Full Name: _____

Licensed Medical Prescriber attestation:

As prescriber for this patient, it is my professional opinion that they require an extension of food bank services.

Licensed Medical Prescriber Signature and Date

Printed Name of Licensed Medical Prescriber

License # (MD, DO, PAs, APRN)

OR

Registered dietitian or licensed nutritionist attestation:

As the nutritional professional who has completed an assessment for this patient, it is my professional opinion that they require an extension of food bank services.

Registered Dietitian or Licensed Nutritionist Signature and Date

Printed Name of Registered Dietician or
Licensed Nutritionist

Registered Dietitian or Licensed
Nutritionist License #

Number of Additional Occurrences Requested [maximum sixteen (16) additional occurrences within the current Ryan White Part A fiscal year]: which will assist with maintaining the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving.

This patient has the following **severe** change of status (check all that apply):

☐ New HIV-related diagnosis/symptom (please describe) e.g., OI, AIDS diagnosis, etc. _____

☐ Recent chemotherapy

☐ Recent hospitalization

☐ Wasting Syndrome

☐ Other medical reasons: _____

☐ Protein imbalance

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 Services 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.

APPROVED: 2-28-2024

REVISED: 4-2-2024