

**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 additional 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