

Partner Referral Cheat sheet

1. Do you have Diabetes?
 - a. **Yes (refer to LCA via web portal, Refer to question 2)**
 - b. No (Refer to question 2)

2. For each statement, please tell me whether the statement was **often true, sometimes true, or never true** for your household in the last 12 months.
 1. "I am sometimes not able to prepare a health meal for myself."
 - a. **often true,**
 - b. **sometimes true**
 - c. **never true**

 2. "The food we bought just didn't last, and we didn't have money to get more."
 - a. **often true,**
 - b. **sometimes true**
 - c. **never true**

 3. "I am sometimes not able or do not have anyone to go to the grocery store."
 - a. **often true**
 - b. **sometimes true**
 - c. **never true**

***A response of "often true" or "sometimes true" to either question = positive screen
Please Refer to LCA Via Web Portal***

<https://www.lifecarealliance.org/referral/>

Never True to both Refer to question 3

3. Have you fallen in the last 90 days ?
 - A. **Yes(Refer to LCA via email Portal)**
 - B. No (No referral needed)

- Also Please look for any other physical indicators of malnutrition, mental or physical disabilities that would limit their ability to prepare nutritionist daily meals.

We base eligibility on physical needs NOT INCOME.

Please use your instinct even if a client answers no to all questions and you still have concerns please refer them to us. We will still follow up with all partner referrals just indicate in the notes that you are referring them in this event by putting "**Possible referral**"