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._____
- ☐ Wasting Syndrome
- ☐ Protein imbalance
- ☐ Recent chemotherapy
- ☐ Recent hospitalization
- ☐ Other medical reasons: _____

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**