

Nutrition Program Congregate Meal Site: _____ Date _____

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Circle your response:	Gender	Male	Female	Living Alone?	Yes	No	
	Marital Status	Single	Married	Widowed	Divorced	Life Partner	Other
	Race	American Indian/Native Alaskan		Black/African American		Asian	Hispanic
		Native Hawaiian/Other Pacific Islander		White (Non-Hispanic)		Other	
	Ethnicity	Hispanic or Latino		Not Hispanic or Latino			
Income Status	If you are a one person household, is your income: Above Below \$1,041 per month?			If there are two people in your household, is your income: Above Below \$1,409 per month?			

Nutrition Check

Circle each **YES** number that applies to you:

		YES	NO
1.	I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
2.	I eat fewer than 2 meals per day.	3	0
3.	I eat few fruits or vegetables or milk products.	2	0
4.	I have 3 or more drinks of beer, liquor or wine almost every day.	2	0
5.	I have tooth or mouth problems that make it hard for me to eat.	2	0
6.	I don't always have enough money to buy the food I need.	4	0
7.	I eat alone most of the time.	1	0
8.	I take 3 or more different prescribed or over-the-counter drugs a day.	1	0
9.	Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0
10.	I am not always physically able to shop, cook and/or feed myself.	2	0
Total			

Emergency Contact (available 10:30 AM - 1:00 PM):

Name _____ Relationship _____

Home Phone _____ Cell _____ Work Phone _____

PRIVACY STATEMENT

The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide his information.

Nutrition Program Use Only (Circle if <60)					
Living at Meal Site	Spouse/Relative	Volunteer	Living with Elderly	Caregiver	Staff