

CONGREGATE REGISTRATION FORM

NAME (First/Last): _____ Male Female
Date Of Birth: _____ / _____ / _____ Phone Number: (_____) _____
Physical Address: _____ Mailing Address: _____
ZIP Code: _____ (If Different) ZIP Code: _____

*

Signature

Date

ETHNICITY

- Hispanic Or Latino
 Non-Hispanic Or Latino

Race

- White, Caucasian
 Hispanic
 American Indian / Alaskan Native
 Asian
 Black / African American
 Native Hawaiian Or Other Pacific Islander
 Other _____
 I was provided with the *Notice of Privacy Practices*

According to the current Federal Poverty Guidelines, YOUR INCOME IS:

- Below poverty Above poverty

(The service provider will supply you with the current poverty guidelines.)

Do you live alone? yes no

Are you disabled? Yes No

Frail? Yes No

Homebound? Yes No

A caregiver? Yes No

If you are a caregiver, who do you care for?

- Spouse Child, age 0-18 Adult child
 Parent Family member
 Other _____

Married Single Divorced Widowed

Are you over 60? Yes No Is your spouse over 60? Yes No

Are you a veteran? Yes No Is your spouse a veteran? Yes No

EMERGENCY CONTACT INFORMATION:

Name (First/Last): _____ Relationship: _____
Home Phone: (_____) Work Or Cell Phone: (_____)

Please turn form over and complete reverse side

FOR OFFICE USE ONLY

Nutrition Risk Assessment Score: _____ Client ID: _____

Revised 8/12

NUTRITION ASSESSMENT

This information is being collected for statistical purposes only.

Please check all that apply and determine your nutrition score:

- | | | |
|--|--------------------------|----------|
| 1. I have an illness that made me change the kind and/or amount of food I eat | <input type="checkbox"/> | 2 points |
| 2. I eat fewer than two meals per day | <input type="checkbox"/> | 3 points |
| 3. I eat few fruits, vegetables or milk products | <input type="checkbox"/> | 2 points |
| 4. I have three or more drinks of beer, liquor or wine almost every day | <input type="checkbox"/> | 2 points |
| 5. I have tooth or mouth problems that make it hard for me to eat | <input type="checkbox"/> | 2 points |
| 6. I do not always have enough money to buy the food I need | <input type="checkbox"/> | 4 points |
| 7. I eat alone most of the time | <input type="checkbox"/> | 1 point |
| 8. I take three or more different prescribed or over-the-counter drugs a day | <input type="checkbox"/> | 1 point |
| 9. Without wanting to, I have lost or gained ten pounds in the last six months | <input type="checkbox"/> | 2 points |
| 10. I am not always physically able to shop, cook and/or feed myself | <input type="checkbox"/> | 2 points |

Nutrition Score

If your score is...

0 - 2

Good!

If it's...

3 - 5

You are at moderate nutrition risk

See what can be done to improve your eating habits and lifestyle.

If it's...

6 or more

You are at high nutritional risk

Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk to them about any problems you may have. Ask them to help you improve your nutritional health.

_____ I have been told by a medical professional that I am diabetic.

_____ I have been told by a medical professional that I have high blood pressure.

Dining passes expire every year. Register annually.