

CARRYOUT MEAL REGISTRATION

Name (First, MI, Last):		Date of Registration:																
Residential Address (Fire No. & Street):		Date of Birth (month/day/year): / /																
City/State/Zip:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																
Telephone Number:		Income Status: Is your income below the following Federal Income Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Race: <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Other _____	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino ----- Living Arrangement: Lives Alone <input type="checkbox"/> Yes <input type="checkbox"/> No	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th># in Home</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,063</td> <td>\$12,760</td> </tr> <tr> <td>2</td> <td>\$1,437</td> <td>\$17,240</td> </tr> <tr> <td>3</td> <td>\$1,810</td> <td>\$21,720</td> </tr> <tr> <td>4</td> <td>\$2,183</td> <td>\$26,200</td> </tr> </tbody> </table>		# in Home	Month	Year	1	\$1,063	\$12,760	2	\$1,437	\$17,240	3	\$1,810	\$21,720	4	\$2,183	\$26,200
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Nutrition Risk Screening Questions

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

Risk Level: ___ 0-2 Low ___ 3-5 Moderate ___ 6+ High TOTAL ___

ACTIVITIES OF DAILY LIVING (ADLs)

Check each ADL that you/the client have/has difficulty in completing or need help with:

	<u>No</u>	<u>Yes</u>
Getting in and out of the bath or shower or preparing the bath, washing and drying	___	___
Dressing and undressing	___	___
Completing toilet activities and personal care	___	___
Getting in and out of bed or a chair	___	___
Using utensils and eating without help	___	___
Walking up and down a flight of stairs or walking without assistance	___	___
TOTAL Number of Yes ADLS	___	___

Please see other side

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

Check each IADL that you/the client have/has difficulty in completing or need help with:

	<u>No</u>	<u>Yes</u>
Preparing own meals	_____	_____
Medication management	_____	_____
Handling bill paying, banking, etc	_____	_____
Doing heavy housework and outside chores	_____	_____
Doing light housework	_____	_____
Shopping for personal items and/or groceries	_____	_____
Traveling in a van, taxi, bus or car	_____	_____
Answering the telephone or calling out on the telephone	_____	_____
TOTAL Number of Yes IADLS		_____

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 this information. If you have questions regarding this, please ask the aging unit staff."