

CONGREGATE PARTICIPANT REGISTRATION FORM

(PLEASE PRINT)

SITE: _____ ACTIVE DATE: _____

NAME: _____ PHONE: _____ DOB: _____

ADDRESS: _____ ZIP CODE: _____

LAST FOUR DIGITS OF SOCIAL SECURITY #: _____ (CIRCLE ONE) MALE FEMALE

MARTIAL STATUS: MARRIED WIDOWED DIVORCED SEPARATED SINGLE UNKNOWN

LIVING ARRANGEMENTS: ALONE SPOUSE SPOUSE & OTHERS RELATIVES NON-RELATIVES # IN HOUSEHOLD _____

FRAIL: YES NO DISABLED: YES NO US CITIZEN: YES NO VETERAN: YES NO

ENGLISH LANGUAGE: _____ SPEAKS: YES NO READ: YES NO UNDERSTANDS ORALLY: YES NO
PRIMARY LANGUAGE: _____ SPEAKS: YES NO READ: YES NO UNDERSTANDS ORALLY: YES NO

RACE: AMERICIAN INDIAN-NATIVE ALASKAN ASIAN BLACK-NON HIPANIC HAWAIIAN-PACIFIC ISLANDER HISPANIC WHITE

ETHNICITY: HISPANIC – LATINO NOT HISPANIC – LATINO

INCOME: LOW INCOME STATUS 100%: INDIVIDUAL BELOW (\$1255.00): YES NO COUPLE BELOW (\$1703.00): YES NO

LOW INCOME STATUS 125%: INDIVIDUAL BELOW (\$1569.00): YES NO COUPLE BELOW (\$2129.00): YES NO

LOW INCOME STATUS 150%: INDIVIDUAL BELOW (\$1883.00): YES NO COUPLE BELOW (\$2555.00): YES NO

LOW INCOME STATUS 185%: INDIVIDUAL BELOW (\$2322.00): YES NO COUPLE BELOW (\$3151.00): YES NO

EMERGENCY CONTACT: _____ PHONE #: _____

PLEASE CIRCLE –DIET- REGULAR LOW SALT DIABETIC OTHER: _____

Determining Nutrition Health

Read the statement below if it applies to you then circle the number in the “YES” column. For each answer “YES” total your nutrition score by the numbers you circled.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor, or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the foo I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months	2
I am not always physically able to shop, cook, and/or feed myself.	2
Total	

A score of 0-2 means Good, recheck at six months.

A score of 3-5 means you are at moderate nutritional risk and need to see what you can do to improve eating habits and make life-style changes.

A score of 6 or more means you are at high nutritional risk.

If you would like to speak to the Oneida County Office of for Aging Registered Dietitian on how you can improve your nutritional health, please circle yes. **YES** or discuss with your medical provider.

The last page must be signed by participant. Food Service Contractor site manager or Oneida County Office for Aging Staff to sign the Attestation.