



Senior Nutrition Program Congregate Meals Registration Form



Participant information on this form is requested for the National Aging Program Information System (NAPIS). All information is kept confidential. By signing this form, you understand that demographic information provided will be shared with NAPIS for reporting purposes. You also understand that any food taken off-site becomes your responsibility, your emergency contact may be notified in an emergency, and your contact information may be shared if necessary. **Fax completed forms to (734)-272-4183 by the 26th of each month.** Thank you for your participation in this program!

PLEASE COMPLETE ALL FIELDS IN THIS BOX

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Street Address	City	Zip Code
_____	_____ / _____ /19	_____
_____	_____	_____
Telephone	Date of Birth	
_____	_____	_____
Participant Signature	Date	Program Site Name
_____	_____	_____
Site Representative Signature	Date	

Demographic Information

Declined providing information

Number in household: _____ Yearly household income (approximate): _____
Marital status: _____ Married _____ Divorced _____ Widowed _____ Single (never married)
Gender: _____ Male _____ Female

Race:

- White
- Black/African American
- American Indian/Alaskan Native
- Asian/Native Hawaiian/Pacific Islander
- Multi-racial: Please specify: _____

Are you Hispanic/Latino?

Living Arrangements:

- Own home
- Rent subsidized home (e.g. Section 8)
- Rent unsubsidized home
- In transition/shelter
- Homeless
- Living with friends/family

Emergency Information

Emergency Contact Name: _____ Telephone: _____
Relationship: _____
Physician Name: _____ Telephone: _____

Dietary concerns/Food Allergies: _____

Medical problems or physical limitations: _____

DETERMINE YOUR NUTRITIONAL HEALTH

NAME: _____

DATE: _____

SITE: _____

The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the YES column for those that apply to you or someone you know. For each yes answer, total the numbers and write your nutritional score below.

	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 food 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 your nutritional score. TOTAL:	

Total Your Nutritional Score. If it's -

0-2: Good! Re-check your nutritional score in 6 months.

3-5: You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizen center or health department can help. Recheck your nutritional score in 3 months.

6 or more: You are at high risk. Bring this checklist the next time you see your doctor, dietician or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

These materials developed and distributed by Nutrition Screening - a project of:

AMERICAN ACADEMY OF FAMILY PHYSICIANS THE AMERICAN DIETIC ASSOCIATION NATIONAL COUNCILING ON THE AGING

