CARRYOUT MEAL REGISTRATION

Name (First, MI, Last):	**Date of Registration:**
Residential Address (Fire No. & Street):	**Date of Birth** (month/day/year): / /
City/State/Zip:	**Phone Number** (with area code):

Gender:
- ❒ Male
- ❒ Female
- ❒ Transgender Male
- ❒ Transgender Female
- ❒ Transgender Unspecified
- ❒ Gender Nonconforming
- ❒ Gender Fluid/Not Exclusively Male or Female
- ❒ Self-Describe (specify) ____________________

Race:
- ❒ American Indian or Alaska Native
- ❒ Asian or Asian American
- ❒ Black or African American
- ❒ Native Hawaiian or Pacific Islander
- ❒ White
- ❒ Other ____________________

Ethnicity:
- ❒ Hispanic or Latino
- ❒ Not Hispanic or Latino

Household:
- ❒ I live alone.
- ❒ I live with others.

Income Status:

Is your income at or below the following guidelines?

❒ Yes ❒ No

# in Home	Month	Year
1	$1,133	$13,590
2	$1,526	$18,310
3	$1,919	$23,030
4	$2,313	$27,750

Activities of Daily Living (ADLs) Check **Yes** for each ADL that you/the client *need substantial assistance* to complete (including verbal reminding, physical cuing, or supervision). Check **No** for each ADL you *can* complete without substantial assistance.	**No Help Needed**	**Yes, Needs Help**
Bathing: Gets in and out of the bath or shower, uses faucets, washes, and dries oneself safely.		
Dressing: Dresses and undresses safely.		
Toileting: Uses toilet and cleans oneself.		
Transferring: Moves in and out of bed or chair.		
Feeding: Gets food or drink from plate, bowl, or cup into mouth and uses utensils.		
Continence: Exercises complete self-control.		

TOTAL Number of Yes ADLs __________

Instrumental Activities of Daily Living (IADLs) Check **Yes** for each IADL that you/the client *need substantial assistance* to complete (including verbal reminding, physical cuing, or supervision). Check **No** for each IADL you *can* complete without substantial assistance.	**No Help Needed**	**Yes, Needs Help**
Food Preparation: Plans, prepares, and serves adequate meals independently.		
Shopping: Takes care of all shopping needs independently.		
Medication Management: Takes medication in correct dosages at correct time.		
Ability to Manage Finances: Handles financial matters and/or day-to-day purchases.		
Housekeeping: Participates in housekeeping tasks.		
Laundry: Launders some items independently.		
Mode of Transportation: Travels unassisted via personal vehicle, public transportation, or taxi.		
Ability to Use Telephone: Dials and/or answers the telephone.		

TOTAL Number of Yes IADLs __________

PLEASE SEE OTHER SIDE

Nutrition Risk	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 per day.	0	3
I eat few fruits or vegetables or milk products.	0	2
I have 3 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 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 a day.	0	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	0	2
I am not always physically able to shop, cook, and or feed myself.	0	2

Emergency Contact: ____ Relationship: ____________________

Phone: _________________________ Email: ____

Allergies or Special Dietary Needs: ____

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