CONGREGATE MEAL AND NUTRITION COUNSELING 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

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**

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

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