

HOME DELIVERED 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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Gender Fluid/Not Exclusively Male or Female <input type="checkbox"/> Self-Describe (specify) _____	Race: <input type="checkbox"/> American Indian or Alaska Native <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 <input type="checkbox"/> Other _____ ----- Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Household: <input type="checkbox"/> I live alone. <input type="checkbox"/> I live with others. ----- Income Status: Is your income at or below the following guidelines? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;"># in Home</th> <th style="text-align: left;">Month / Year</th> </tr> <tr> <td>1</td> <td>\$1,133 \$13,590</td> </tr> <tr> <td>2</td> <td>\$1,526 \$18,310</td> </tr> <tr> <td>3</td> <td>\$1,919 \$23,030</td> </tr> <tr> <td>4</td> <td>\$2,313 \$27,750</td> </tr> </table>	# in Home	Month / Year	1	\$1,133 \$13,590	2	\$1,526 \$18,310	3	\$1,919 \$23,030	4	\$2,313 \$27,750
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Activities of Daily Living (ADLs) Check Yes for each ADL that you/the client <i>need substantial assistance</i> to complete (including verbal reminding, physical cuing, or supervision). Check No for each ADL you <i>can</i> 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 <i>need substantial assistance</i> to complete (including verbal reminding, physical cuing, or supervision). Check No for each IADL you <i>can</i> 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

