

SENIOR MEAL PROGRAM – REGISTRATION FORM CONGREGATE  
N.I.C.A.A. GOLDEN MEALS

This information is needed because of Federal Older Americans Act reporting requirements. All information is CONFIDENTIAL!

TODAY'S DATE \_\_\_\_\_ CLIENT # \_\_\_\_\_  
OFFICE USE ONLY

DINING SITE \_\_\_\_\_

YOUR NAME (PLEASE PRINT) \_\_\_\_\_  
LAST NAME FIRST NAME INITIAL

YOUR DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

IF UNDER 60, ARE YOU: \_\_\_\_\_ PERSON WITH DISABILITIES \_\_\_\_\_ SPOUSE \_\_\_\_\_ VOLUNTEER

YOUR ADDRESS \_\_\_\_\_  
STREET APT #

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

RACE: \_\_\_\_\_ CAUCASIAN \_\_\_\_\_ AFRICAN AMERICAN \_\_\_\_\_ ASIAN  
\_\_\_\_\_ HISPANIC \_\_\_\_\_ NATIVE AMERICAN \_\_\_\_\_ OTHER

DO YOU LIVE: \_\_\_\_\_ BY YOURSELF \_\_\_\_\_ WITH SPOUSE \_\_\_\_\_ WITH CHILDREN  
\_\_\_\_\_ WITH RELATIVES \_\_\_\_\_ WITH NON-RELATIVES

IF YOU ARE SINGLE/WIDOWED, ETC., IS YOUR INDIVIDUAL INCOME:  
\_\_\_\_\_ UNDER \$817/MONTH \_\_\_\_\_ OVER \$817/MONTH

IF YOU ARE MARRIED, IS YOUR INCOME FOR BOTH YOU AND YOUR SPOUSE:  
\_\_\_\_\_ UNDER \$1,100/MONTH \_\_\_\_\_ OVER \$1,100/MONTH

WHO SHOULD WE CALL IN CASE OF AN EMERGENCY?

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

YOUR DOCTOR'S NAME: \_\_\_\_\_

\*\*\*\*\* OTHER SIDE MUST BE COMPLETED. THANK YOU! \*\*\*\*\*

YOUR NAME: \_\_\_\_\_

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 for you. For each YES answer, score that number in the box. Total your nutritional score.

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	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat less than two meals a day.	3
I don't eat many fruits and vegetables, or milk products.	2
I have three 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.	3
I take 3 or more 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.	4
	TOTAL

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Total Your Nutritional Score. If it's ---

0—2      Good! Recheck 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 citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more      You are at high nutritional risk. Bring this checklist the next time you see your doctor, dietitian 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. These materials developed and distributed by the Nutritional Screening Initiative, a project of the American Academy of Family Physicians, the American Dietetic Association, and the National Council on the Aging.