

Nutrition Services Registration Form for Grab and Go Meals

Older Adult Demographic Information (ALL INFORMATION IS REQUIRED)			
First Name:	Last Name:	Date of Birth:	
Address:		Phone:	
City:	Zip Code:	Cell:	
Authorized Representative:			
Name:	Phone:	Relationship:	
Emergency Contact:			
Name:	Phone:	Relationship:	
Race: (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Asian American	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Legally Separated	Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Individual Income: \$
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Limited English-Speaking: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, primary language spoken:	

Nutrition Risk Screen	Yes/No	Points
I have an illness or condition that changes the kind or amount of food I eat.	Yes No	
I eat less than two meals a day.	Yes No	
I eat few fruits and vegetables, or milk products.	Yes No	
I have three or more drinks of beer, liquor or wine almost every day.	Yes No	
I have tooth or mouth problems that make it hard for me to eat.	Yes No	
I don't always have enough money to buy the food I need.	Yes No	
I eat alone most of the time.	Yes No	
I take three or more different prescribed or over-the-counter drugs a day.	Yes No	
Without wanting to, I have lost or gained ten pounds in the last six months.	Yes No	
I am not always physically able to shop, cook and/or feed myself.	Yes No	
	Total Points	

Additional Nutrition Information		
Do you currently receive food assistance benefits? (Examples: SNAP, SFMNP, TEFAP)	Yes	No
Do you currently receive meal assistance from another source? (i.e.: family, church, etc.)	Yes	No
Do you have difficulty chewing/poor dental health?	Yes	No
Do you have difficulty swallowing?	Yes	No
Do you have special diet needs? (If yes, please specify below)	Yes	No
Diabetic Low Sodium Vegetarian Other:		

Additional Nutrition Information (Continued)		
Do you have any food allergies?	Yes	No
If yes, please list all food allergies:		NOTE: It is your responsibility to review the weekly menu and bring any allergy concerns to the attention of the nutrition provider. When feasible, the provider will supply a special meal to meet the dietary needs of the client.

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)					
Check "Yes" for each of the activities if you have trouble completing the task or frequently need help to complete the task.					
ADL	Yes / No		IADL	Yes / No	
Eating	Yes	No	Laundry	Yes	No
Bathing	Yes	No	Shopping	Yes	No
Grooming	Yes	No	Light Housework	Yes	No
Dressing	Yes	No	Heavy Housework	Yes	No
Toileting	Yes	No	Telephone	Yes	No
Walking/Mobility	Yes	No	Financial Management	Yes	No
Transferring (in/out of bed/chair)	Yes	No	Transportation	Yes	No
			Meal Preparation	Yes	No
			Medication	Yes	No

I certify that all the information provided is accurate.	
Participant Signature:	Date:

TO BE COMPLETED BY STAFF:	
Reason for Grab and Go Meals: <i>(Check all that apply)</i>	
Homebound Permanently disabled Temporarily disabled	
Respite for caregiver Meal for spouse or disabled adult in home Other:	
Older Adult will benefit from Grab and Go Meals because: <i>(Check all that apply)</i>	
Difficulty Cooking Recovering from surgery Increase nutritional intake Other:	
Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)	
Total Number of ADL "Yes":	Total Number of IADL "Yes":
If recipient reported "yes" to difficulty with ADL/IADL, referral was completed to area service providers.	

Nutrition Risk Screening	
Total Nutritional Risk Score:	Low Medium High
The Risk Score was explained to client and brochure provided	
If at high risk, a recommendation to follow up with health care provider completed	
I certify this Older Adult meets eligibility criteria for Grab and Go Meals under the Older Americans Act.	
Signature:	Phone:
Staff Name:	Email:
Organization:	Date:

Authorization of Release of Information	
<i>I give permission to the provider and/or the Area Agency on Aging Staff to discuss my needs.</i>	
Client Signature:	Date: