

Congregate Meal Registration Form

For AAA Contractor/Subcontractor use only:

Area Agency III Provider/Site Kuna Senior Center Fax # (208) 922-9714

E-mail kunaseniorcenter1@gmail.com

Consumer Information:

Date: _____

Last Name _____ First Name _____ MI. _____

Date of Birth: _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Phone Number: _____

Select one of the following:

- 60 years old or older
- An adult under 60, whose spouse is 60 or older and receives a meal
- Person with a disability under 60 living in the home of a caregiver who is 60 or older
- Person under 60 providing volunteer services during the meal hours
- Person residing in a housing facility occupied primarily by older individuals at which congregate nutrition services are provided

Gender: Male Female

If living alone, is your monthly income below \$1,040.83? Yes No

If living in household of two or more, is your income below \$1,409.16? Yes No

Race/Ethnic Origin:

- White, non-Hispanic White-Hispanic American Indian/Native Alaskan Asian
- Black/African American Native Hawaiian/Other Pacific Islander Other

Emergency Contact: _____ Phone Number: _____

On the second page, the nutritional health assessment form has important information and is yours to keep. Please indicate your total score here: _____

Meal Site Office Use Only:

Non-registered Participant: Male: Female:

Estimated age: 60 years old or older

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.

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 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.	1
I take 3 or more different 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.	2
TOTAL	

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 a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:



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