C1 CONGREGATE INTAKE FORM

DEL NORTE SENIOR CENTER

Please complete this form to the best of your ability. Items marked with an asterisk (*) are required. Tan areas are for DNSC use only.

***Unique Participate ID:** _____
Referred by: _____
Intake Date:_____
Staff: _____
Beginning Date:_____
***Termination Date:** _____
***Reason:**_____

Eligibility:
☐ Age 60+
☐ Spouse of congregate meal participant
☐ Disabled person residing where the congregate site is located
☐ Disabled person who resides with and accompanies a congregate meal participant
☐ Volunteer

First Name:	Last Name:	***Date of Birth:**
Home Address	City:	***Zip Code**
Mailing Address: Same As Residential? ☐ Yes	City:	***Zip Code**

Home Phone: ( )
Alternate Phone: ( )

Emergency Contact Name:
Address:
Phone: ( ) Relationship:

***Living Arrangement**
# of household members: ☐
☐ Declined/not stated

***What is your approximate household income?**
$_____ per ☐ month ☐ year
☐ Declined/not stated

***Rural Area:**
☐ Yes ☐ No
☐ Declined/not stated

***What is your gender? (Check only one)**
☐ Male ☐ Female
☐ Transgender Female to Male
☐ Genderqueer/Gender Non-binary
☐ Not Listed, please specify:
_____
☐ Declined/not stated

***What was your sex at birth? (Check only one)**
☐ Male
☐ Female
☐ Declined/not stated

***How do you describe your sexual orientation or sexual identity? (Check only one)**
☐ Straight/Heterosexual
☐ Bisexual
☐ Gay/Lesbian/Same-Gender Loving
☐ Questioning/Unsure
☐ Not Listed, please specify:
_____
☐ Declined/not stated

***Ethnicity:** (Check one)
Hispanic ☐ Yes ☐ No ☐ Declined/not stated

Language:
☐ English Speaking ☐ Need interpreter ☐ Non-English/Language

***Race: (Check all that apply)**
☐ White ☐ Black ☐ American Indian/Alaska Native Asian:
☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Laotian
☐ Vietnamese ☐ Other Asian Hawaiian/Other Pacific Islander ☐ Guamanian ☐ Hawaiian ☐ Samoan
☐ Other Pacific Islander ☐ Declined/not stated

Notes:

*Nutritional Risk Assessment:	Check if 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 past 6 months.	☐ 2
I am not always physically able to shop, cook, and/or feed myself.	☐ 2
Total Score:	

Is Nutrition Risk total score 0-5 or 6+ ?	0 - 5	6+
	☐	☐

☐ **Declined to State**

I understand that the information I am providing on this form is for registration purposes. I understand it will be kept confidential and that the Area Agency on Aging and service providers may use it to help identify other services for which may benefit.

_____ _____

Signature of participant or person completing the form Date