



Kane Senior Council

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: _____ E-MAIL: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ TYPE: Cell _____ / Home _____

BIRTHDATE: (month, day, year) _____ AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
Male _____ Female _____	African Amer. _____ Hispanic/Latino _____	Married _____ Single (never married) _____ Divorced _____ Widow(ed) _____	SINGLE \$798 ABOVE _____ / BELOW _____
DIABETIC YES _____ / NO _____	Asian _____ White _____		MARRIED \$1,069 ABOVE _____ / BELOW _____
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSEHOLD	
YES _____ / NO _____	_____ Cane _____ Walker _____ Wheelchair	_____ 1 _____ 2	_____ 3 _____ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE PLACE AN "X" IN THE BOX FOR EITHER "YES" or "NO"

- I have an illness or condition that made me change the kind or amount of food I eat YES _____ NO _____
- I eat fewer than 2 meals per day YES _____ NO _____
- I eat few fruits, vegetables, or milk products YES _____ NO _____
- I have 3 or more drinks of beer, liquor, or wine most everyday YES _____ NO _____
- I have tooth or mouth problems that make it hard to eat YES _____ NO _____
- I do have enough money to buy the foods I need YES _____ NO _____

7. I eat alone most of the time YES___ NO___
8. I take 3 or more different prescribed or over the counter medications a day YES___ NO___
9. Without wanting to, have you lost/gained 10 pounds in the last six months YES___ NO___
10. I am physically able to shop, cook, and/or feed myself YES___ NO___

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. **NOTE:** Warning signs suggest risk, but **DO NOT** represent diagnosis of any condition.

ARE YOU RETIRED? YES___ NO___

ARE YOU A VETERAN: YES___ what branch___ NO___

Other: _____

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE