

Participant Assessment Form (C-1 Congregate Meals) Page 1 of 2

For Staff Use Only	Participant ID (SAMS): _____		
Service Eligibility: <input type="checkbox"/> Self (Aged 60) <input type="checkbox"/> Spouse of a qualified individual <input type="checkbox"/> Disabled and living with a qualified individual or housing facility	Age verified (60+) if appear to be younger:		Name of the Qualified Individual (for accompanying participant):
	Date Verified:		
	mm/dd/yyyy	Initials	

----- PLEASE PRINT -----

Date: _____

I. PERSONAL INFORMATION AND DEMOGRAPHICS 📄 Enter in SAMS

1. Participant's Name: _____ (First) _____ (Last) _____ (Middle Initial)

2. Maiden Name/ AKA: _____ **3. Date of Birth:** _____ (mm/dd/yyyy)

4. Residential Address: _____ (Street) _____ (City/Town) _____ (Zip Code)

5. Mailing Address: _____ (Street) _____ (City/Town) _____ (Zip Code)

6. Home Number: () - _____ **Alternate Number:** () - _____

7. Directions to Residence: _____

8. Rural? No Yes Declined to state

9. Sex at Birth: Female Male Decline to State

10. Gender: Female Male Transgender
 Male to Female Transgender Female to Male
 Genderqueer/Gender Non-Binary Declined to state Not Listed/Other _____

11. Sexual Orientation: Straight/Heterosexual Bi-Sexual
 Gay/Lesbian/Same-Gender Loving Questioning/Unsure
 Declined to state Not Listed/Other _____

12. Race: 1. White 2. Native Am./Alaskan 3. Asian 4. Black/African American 5. Pacific Islander 6. Other Race 7. Declined to State

12(a). Nationality if Race is Asian or Pacific Islander:

<input type="checkbox"/> 30. Chinese	<input type="checkbox"/> 34. Vietnamese	<input type="checkbox"/> 50. Guamanian
<input type="checkbox"/> 31. Japanese	<input type="checkbox"/> 35. Asian Indian	<input type="checkbox"/> 51. Hawaiian
<input type="checkbox"/> 32. Filipino	<input type="checkbox"/> 36. Laotian	<input type="checkbox"/> 52. Samoan
<input type="checkbox"/> 33. Korean	<input type="checkbox"/> 37. Cambodian	<input type="checkbox"/> 53. Other Pacific Islander
	<input type="checkbox"/> 38. Other Asian	

13. Ethnicity: Hisp. or Lat. Not Hisp. or Lat. Declined to state **14. In Poverty?** Don't know No Yes

15. I Live: Not Alone Unknown Alone Declined to state Declined to state

16. Veteran: Veteran Not Veteran Decline To State

\$12,140/year or \$1,012/month in 2018 for single-person household.
 \$16,460/year or \$1,372/month in 2018 for two-person household.

17. Employment Status: 1. Full Time 2. Part Time 3. Retired 4. Unemployed 5. Declined to state

18. Relationship Status: 1. Single 2. Married 3. Domestic Partner 4. Separated
 5. Divorced 6. Widowed 7. Declined to state

II. CONTACTS

(1)	Name of Contact	Phone	<input type="checkbox"/> Family/Relative	<input type="checkbox"/> Caregiver/Helper
			<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Primary Physician
(2)	Name of Contact	Phone	<input type="checkbox"/> Family/Relative	<input type="checkbox"/> Caregiver/Helper
			<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Primary Physician
(3)	Name of Contact	Phone	<input type="checkbox"/> Family/Relative	<input type="checkbox"/> Caregiver/Helper
			<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Primary Physician

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III. Additional Questions

1. How did you hear about us? 1. Friend 2. Family Member 3. TV 4. Newspaper
 5. Website 6. Medical Professional 7. Other: _____ 7. Declined to State

IV. NUTRITION RISK ASSESSMENT Enter in SAMS

Instructions: Read the statements below and check "Yes" or "No". Add up the risk rating numbers of those checked "Yes" to get your nutrition score.

<input type="checkbox"/> DECLINED TO GIVE INFORMATION REGARDING NUTRITIONAL RISK (Check if declined.)			Risk Rating
1.	<i>I have an illness or condition that made me change the kind and/or amount of food I eat.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	2
2.	<i>I eat fewer than 2 meals per day.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	3
3.	<i>I eat few fruits or vegetables, or milk products.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	2
4.	<i>I have 3 or more drinks of beer, liquor or wine almost every day.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	2
5.	<i>I have tooth or mouth problems that make it hard for me to eat.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	2
6.	<i>I don't always have enough money to buy the food I need.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	4
7.	<i>I eat alone most of the time.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	1
8.	<i>I take 3 or more different prescribed or over-the-counter drugs a day.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	1
9.	<i>Without wanting to, I have lost or gained 10 pounds in the last 6 months.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	2
10.	<i>I am not always physically able to shop, cook and/or feed myself.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	2

Total Nutrition Rating Score (Add the risk ratings of the questions answered "Yes.")

Participant's Nutrition Rating Score:

- 0-2** *Good! Recheck your nutritional score in 6 months*
- 3-5** *You are at MODERATE NUTRITIONAL RISK. See what you can do to improve your eating habits and lifestyle. Your Area Agency on Aging (Area 1 Agency on Aging), Senior Center, Lunch Site, Health Department, or physician can help. Re-evaluate your nutritional score in 3 months.*
- Over 6** *You are at High nutritional risk. You may want to talk with your doctor, dietitian, or other qualified health or social services professional. Talk with them about how to improve your nutritional health.*