



# Senior Nutrition Program Congregate Meals Registration Form



Participant information on this form is requested for the National Aging Program Information System (NAPIS). All information is kept confidential. By signing this form, you understand that demographic information provided will be shared with NAPIS for reporting purposes. You also understand that any food taken off-site becomes your responsibility, your emergency contact may be notified in an emergency, and your contact information may be shared if necessary. **Fax completed forms to (734)-272-4183 by the 26<sup>th</sup> of each month.** Thank you for your participation in this program!

**PLEASE COMPLETE ALL FIELDS IN THIS BOX**

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Street Address	City	Zip Code
_____	_____ / _____ /19	
_____	_____	
Telephone	Date of Birth	
_____	_____	_____
Participant Signature	Date	Program Site Name
_____	_____	
Site Representative Signature	Date	

**Demographic Information**

Declined providing information

Number in household: \_\_\_\_\_ Yearly household income (approximate): \_\_\_\_\_  
Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single (never married)  
Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Race:**

- White
- Black/African American
- American Indian/Alaskan Native
- Asian/Native Hawaiian/Pacific Islander
- Multi-racial: Please specify: \_\_\_\_\_

Are you Hispanic/Latino?

**Living Arrangements:**

- Own home
- Rent subsidized home (e.g. Section 8)
- Rent unsubsidized home
- In transition/shelter
- Homeless
- Living with friends/family

**Emergency Information**

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dietary concerns/Food Allergies: \_\_\_\_\_  
Medical problems or physical limitations: \_\_\_\_\_

## DETERMINE YOUR NUTRITIONAL HEALTH

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SITE: \_\_\_\_\_

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.

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, total the numbers and write your nutritional score below.

	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 your nutritional score. <b>TOTAL:</b>	

**Total Your Nutritional Score. If it's -**

**0-2:** Good! Re-check 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 citizen center or health department can help. Recheck your nutritional score in 3 months.

**6 or more:** You are at high risk. Bring this checklist the next time you see your doctor, dietician 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 diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

These materials developed and distributed by Nutrition Screening - a project of:

AMERICAN ACADEMY OF FAMILY PHYSICIANS   THE AMERICAN DIETIC ASSOCIATION   NATIONAL COUNCILING ON THE  
AGING





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Senior Nutrition Program
Information Disclosure Authorization

I, \_\_\_\_\_, authorize the Washtenaw County Office of Community and Economic Development (OCED) to disclose identifying information for the purpose of:

- 1) Notifying emergency contacts in the event of an emergency
2) Transferring to a different meal and service provider
3) Retaining access to my information during a meal/service provider transfer for the purposes of Assessment/reassessment and to prevent interruption of services with current meal/service provider until transfer is complete.
4) Providing information to necessary service providers in Reporting demographic data to the National Aging Program Information System (NAPIS).
5) I authorize the Washtenaw County of Office and Community and Economic Development to disclose information to the agencies below:

HOME DELIVERED / CONGREGATE MEAL SITES:

- The Oaks, Adult Day Services
Chelsea Senior Citizens Activities Center (Chelsea Senior Center)
Dexter Senior Center
Ann Arbor Housing Commission
Ann Arbor Meals on Wheels
Milan Seniors for Healthy Living and Aid in Milan
Mom's Meals
Ypsilanti Meals on Wheels
Jewish Community Center
Lincoln Senior Center
Northfield Township Community Center
Pittsfield Senior Center
Silver Club/Turner
Turner Senior Wellness Program
Ypsilanti Senior Center

- 5. I authorize the Washtenaw County Office of Community and Economic Development to disclose information to the referral services listed below:

I understand that once meals are delivered to my home, they become my responsibility. This release will be renewed annually.

Client's Signature

Date

OCED Staff Signature

Date

Second Staff Signature (phone release)

Date