

Congregate Participant Registration Information

| | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---|--|---------------------------|---|---|---------------------------|---|------------------------|---|---------------|---|--------------------|----|-----------------------|---|----------------------------|---|-------------|---|---------------|--|--|
| | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | | | | | | | | | | | | | | | | | |
| Middle Initial: | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Sex: | | | | | | | | | | | | | | | | | | | | | | |
| Birthdate: | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number (optional): | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number (including Area Code): | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | | | | | | | |
| State: | | | | | | | | | | | | | | | | | | | | | | |
| Zip: | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status | <input style="width: 100%; height: 20px;" type="text"/> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 55%;">Married</td> <td style="width: 5%; text-align: center;">5</td> <td style="width: 35%;">Widowed</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Separated</td> <td style="text-align: center;">6</td> <td>Co-Habitation</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Never Married</td> <td style="text-align: center;">9</td> <td>Unknown</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Divorced</td> <td></td> <td></td> </tr> </table> | 1 | Married | 5 | Widowed | 2 | Separated | 6 | Co-Habitation | 3 | Never Married | 9 | Unknown | 4 | Divorced | | | | | | |
| 1 | Married | 5 | Widowed | | | | | | | | | | | | | | | | | | | |
| 2 | Separated | 6 | Co-Habitation | | | | | | | | | | | | | | | | | | | |
| 3 | Never Married | 9 | Unknown | | | | | | | | | | | | | | | | | | | |
| 4 | Divorced | | | | | | | | | | | | | | | | | | | | | |
| Ethnicity | <input style="width: 100%; height: 20px;" type="text"/> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 55%;">Hispanic</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td>Not Hispanic or Latino</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">9</td> <td>Unknown</td> <td></td> <td></td> </tr> </table> | 1 | Hispanic | | | 2 | Not Hispanic or Latino | | | 9 | Unknown | | | | | | | | | | |
| 1 | Hispanic | | | | | | | | | | | | | | | | | | | | | |
| 2 | Not Hispanic or Latino | | | | | | | | | | | | | | | | | | | | | |
| 9 | Unknown | | | | | | | | | | | | | | | | | | | | | |
| Race | <input style="width: 100%; height: 20px;" type="text"/> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 55%;">White</td> <td style="width: 5%; text-align: center;">6</td> <td style="width: 35%;">Hawaiian/Pacific Islander</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Native American</td> <td style="text-align: center;">7</td> <td>Other Race</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Asian</td> <td style="text-align: center;">9</td> <td>Unknown</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Black</td> <td></td> <td></td> </tr> </table> | 1 | White | 6 | Hawaiian/Pacific Islander | 3 | Native American | 7 | Other Race | 4 | Asian | 9 | Unknown | 5 | Black | | | | | | |
| 1 | White | 6 | Hawaiian/Pacific Islander | | | | | | | | | | | | | | | | | | | |
| 3 | Native American | 7 | Other Race | | | | | | | | | | | | | | | | | | | |
| 4 | Asian | 9 | Unknown | | | | | | | | | | | | | | | | | | | |
| 5 | Black | | | | | | | | | | | | | | | | | | | | | |
| Income Level | <input style="width: 100%; height: 20px;" type="text"/> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 55%;">Less than \$300</td> <td style="width: 5%; text-align: center;">6</td> <td style="width: 35%;">\$1,500 or greater</td> </tr> <tr> <td style="text-align: center;">2</td> <td>\$300-\$499</td> <td style="text-align: center;">7</td> <td>Below Poverty</td> </tr> <tr> <td style="text-align: center;">3</td> <td>\$500-\$699</td> <td style="text-align: center;">8</td> <td>Above Poverty</td> </tr> <tr> <td style="text-align: center;">4</td> <td>\$700-899</td> <td style="text-align: center;">9</td> <td>Unknown</td> </tr> <tr> <td style="text-align: center;">5</td> <td>\$900-\$1,499</td> <td></td> <td></td> </tr> </table> | 1 | Less than \$300 | 6 | \$1,500 or greater | 2 | \$300-\$499 | 7 | Below Poverty | 3 | \$500-\$699 | 8 | Above Poverty | 4 | \$700-899 | 9 | Unknown | 5 | \$900-\$1,499 | | |
| 1 | Less than \$300 | 6 | \$1,500 or greater | | | | | | | | | | | | | | | | | | | |
| 2 | \$300-\$499 | 7 | Below Poverty | | | | | | | | | | | | | | | | | | | |
| 3 | \$500-\$699 | 8 | Above Poverty | | | | | | | | | | | | | | | | | | | |
| 4 | \$700-899 | 9 | Unknown | | | | | | | | | | | | | | | | | | | |
| 5 | \$900-\$1,499 | | | | | | | | | | | | | | | | | | | | | |
| Family Setting | <input style="width: 100%; height: 20px;" type="text"/> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 55%;">Lives Alone</td> <td style="width: 5%; text-align: center;">5</td> <td style="width: 35%;">Lives with Non Relative</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Lives with Spouse</td> <td style="text-align: center;">7</td> <td>Other</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Lives with Parents</td> <td style="text-align: center;">10</td> <td>Multi-Generational</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Lives with Other Relatives</td> <td></td> <td></td> </tr> </table> | 1 | Lives Alone | 5 | Lives with Non Relative | 2 | Lives with Spouse | 7 | Other | 3 | Lives with Parents | 10 | Multi-Generational | 4 | Lives with Other Relatives | | | | | | |
| 1 | Lives Alone | 5 | Lives with Non Relative | | | | | | | | | | | | | | | | | | | |
| 2 | Lives with Spouse | 7 | Other | | | | | | | | | | | | | | | | | | | |
| 3 | Lives with Parents | 10 | Multi-Generational | | | | | | | | | | | | | | | | | | | |
| 4 | Lives with Other Relatives | | | | | | | | | | | | | | | | | | | | | |
| Disabilities | <input style="width: 100%; height: 20px;" type="text"/> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">0</td> <td style="width: 55%;">No Disability</td> <td style="width: 5%; text-align: center;">5</td> <td style="width: 35%;">Developmentally Disabled</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Physically Disabled</td> <td style="text-align: center;">6</td> <td>DD re: work</td> </tr> <tr> <td style="text-align: center;">2</td> <td>PD re: work</td> <td style="text-align: center;">7</td> <td>DD re: transportation</td> </tr> <tr> <td style="text-align: center;">3</td> <td>PD re: transportation</td> <td style="text-align: center;">8</td> <td>DD re: both</td> </tr> <tr> <td style="text-align: center;">4</td> <td>PD re: both</td> <td></td> <td></td> </tr> </table> | 0 | No Disability | 5 | Developmentally Disabled | 1 | Physically Disabled | 6 | DD re: work | 2 | PD re: work | 7 | DD re: transportation | 3 | PD re: transportation | 8 | DD re: both | 4 | PD re: both | | |
| 0 | No Disability | 5 | Developmentally Disabled | | | | | | | | | | | | | | | | | | | |
| 1 | Physically Disabled | 6 | DD re: work | | | | | | | | | | | | | | | | | | | |
| 2 | PD re: work | 7 | DD re: transportation | | | | | | | | | | | | | | | | | | | |
| 3 | PD re: transportation | 8 | DD re: both | | | | | | | | | | | | | | | | | | | |
| 4 | PD re: both | | | | | | | | | | | | | | | | | | | | | |
| Socially Needy | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 55%;">Yes</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td>No</td> <td></td> <td></td> </tr> </table> | 1 | Yes | | | 2 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | |
| Total Nutrition Score | <input style="width: 100%; height: 20px;" type="text"/> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">Total Number in Household</td> <td style="width: 45%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> </tr> </table> | Total Number in Household | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Total Number in Household | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | |

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number under “Yes” in the first column for those that apply to you. For each “Yes” answer, score the number in the box. Total your nutritional score. Please sign the bottom of the form.

| Name | Date | Yes |
|---|------|-----|
| | | |
| I (or someone close to me) have an illness or condition that has caused me to change the amount and/or kind of food I eat | | 2 |
| I eat fewer than 2 meals a day | | 3 |
| I eat few fruits or vegetables a day | | 2 |
| I eat or drink few milk products (i.e. milk, yogurt, cheese) a day | | 2 |
| I drink less than 5 cups (8 ounces) of fluid a day (i.e. water, juice, tea) | | 2 |
| I have 3 or more drinks of beer, wine or liquor 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 prescription 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. Senior Center Staff, SAIL Case Managers or the Area Agency on Aging's *Senior HELP LINE* can make a referral to a dietician.

6 or more **You are at high nutritional risk.** Bring this checklist with you the next time you see your doctor, dietician or other qualified health care professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

X _____
Signature

Emergency Contact Information for:

| | | | | |
|------|--|---------------|-----|---|
| | | | M | F |
| Name | | Date of Birth | Sex | |
| | | | | |

Emergency Contacts

| | | | | |
|----------------------------|--|------------------------------|------------|------------|
| | | | | |
| | | | | |
| Primary Emergency Contact: | | Secondary Emergency Contact: | | |
| () | | () | () | |
| Home Phone | | Work Phone | Home Phone | Work Phone |
| | | | | |
| Address: | | Address: | | |
| | | | | |
| City, State ZIP Code | | City, State ZIP Code | | |
| | | | | |

Signature

Date