

Nutrition Program Congregate Meal Registration Form

The congregate meal program is funded with State and Federal dollars and participants who receive this service are asked to complete this registration form and the nutritional survey on the backside.

This helps the Idaho Commission on Aging and your local Area Agency on Aging understand the nutrition needs in your community and builds a comprehensive network of seniors.

Thank you for helping your meal-site meet the nutrition program requirements.

<u>PLEASE COMPLETE ALL FIELDS IN THIS BOX</u>		
_____	_____	_____
Last Name	First Name	Middle Initial or Nickname
_____	_____	_____
Address	City, State	Zip Code

E-Mail Address		

_____	_____/_____/_____	
Telephone Number	Date of Birth	
<u>If you are under 60:</u>		
<input type="checkbox"/> Spouse of participant over 60		
<input type="checkbox"/> Person with disability living with someone over 60		
<input type="checkbox"/> Volunteering during mealtime under 60		
<input type="checkbox"/> Person residing in a housing facility where Congregate Meals are served		

Information Requested

Demographic Information:

Marital Status: Married Single Widowed Divorced

Living alone: Yes No Gender: Male Female Veteran: Yes No

Number of household members: _____

Estimated Annual Household Income: \$ _____

Race/Ethnic Origin:

White, non-Hispanic White-Hispanic American Indian/Native Alaskan Asian

Black/African American Native Hawaiian/Other Pacific Islander Other

Emergency Contact: _____ Phone Number: _____

DETERMINE YOUR NUTRITIONAL HEALTH

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 in the box. Total your nutritional score.	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 nutrition score:	

Total your nutrition score and if it is:

0-2: Good! Re-check your nutritional score every 2 years or sooner, if things change.

3-5: You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle.

6 or more: If you are at risk and would like to benefit from free nutrition counselling, please contact your meal site coordinator, who will refer you to a qualified Dietitian.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition.

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:



AMERICAN ACADEMY OF FAMILY PHYSICIANS THE AMERICAN,



The American Dietetic Association

For Meal-site only: Meal-site's name:

For AAA only: Fax number: _____

Email: _____

Fax or email completed form by the ___ of each month.