

## 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.

### **Please Complete All Fields In This Box**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
First Name

\* **Gender:**  Male  Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

### **If you are under 60:**

- Spouse of Participant over 60
  - Person with disability living with someone over 60
  - Volunteering during mealtime under 60
  - Person residing in a housing facility where Congregate Meals are served
- \* Optional

Information Requested:

Demographic Information: (Optional)

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino      **Marital Status:**  Married  Single  Widowed  Divorced

**Race:**  American Indian or Alaska Native  Asian or Asian American  White      **Veteran:**  Yes  No

Black or African American  Native Hawaiian or Pacific Islander

**Living Alone:**  Yes  No

**Estimated Annual House Hold Income:** \$ \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Name: \_\_\_\_\_

### 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.

|  |     |
|--|-----|
| <b>Read the statements below.</b> 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.<br>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   |
| <b>Total your nutrition score:</b>   |     |

**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.

Information below this line to be completed by Service Provider  
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**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 Dietetic Association

|   |                              |
|---|------------------------------|
| <b>Meal Site Name: Sandpoint Area Seniors</b>           | <b>* Registration Month:</b> |
| <b>Send to AAANI: Fax Number: 208-667-5938 OR</b>       |                              |
| <b>Email: nwmoisan@nic.edu</b>                          |                              |
| <b>Fax or email both pages ASAP for Roster Accuracy</b> |                              |

\* Write in name of Month, Day, Year in which Client should be registered. (Example: January, 1st, 2025)  
The date of registration must be on or before the date the Client first receives congregate meals.