Area Agency on Aging of North Idaho
North Idaho College

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 _____ First Name _____ Middle Initial or Nickname _____

Gender (optional): ☐ 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 served

Attestation of Lawful Presence in the United States:

Under penalty of perjury, the consumer attests to being a United States citizen, or legal permanent resident, or is otherwise lawfully present in the United States pursuant to federal law

Signature: _____ Date: _____

Demographic Information: (Optional)

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced **Veteran:** ☐ Yes ☐ No

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian or Asian American ☐ White

☐ Black or African American ☐ Native Hawaiian or Pacific Islander

Is your monthly income above or below $1,330? ☐ Above ☐ Below

Living Alone: ☐ Yes ☐ No

Emergency Contact: _____ **Phone Number:** _____

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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.

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 counseling, please contact your meal site coordinator, who will refer you to a qualified Dietitian.

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

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
National Council on Aging
The American Dietetic Association

Meal Site Name: Sandpoint Area Seniors, Inc.	*** Registration Month:**
Send to AAANI: *Fax:* 208-667-5938 OR ***Email:* CongregateMeals@nic.edu** **Fax or email both pages ASAP for Roster Accuracy**	

* Write in name of Month, Day, Year in which Client should be registered. (Example: January, 1st, 2026)
The date of registration must be on or before the date the Client first receives congregate meals.

SOCIAL MEDIA AND PHOTOGRAPHY RELEASE FORM

The Releasor grants permission to Sandpoint Area Seniors, inc. (SASi) "Releasee") to use their image, voice, or likeness in photographs, audio recordings, or video recordings on SASi printed publications, website, and social media accounts, including, but not limited to, Facebook, Instagram, TikTok, and X (Twitter), without acknowledgment or recognition given to the Releasor.

The Releasor grants the Releasee creative permission to alter the photographs, provided that the photographs are not altered in an explicit manner or used to maliciously represent the Releasor or their associates.

The Releasor understands that they will not receive any monetary compensation from the Releasee for the permissions granted herein and hereby waives any right of inspection or approval of the photos or recordings prior to the Releasee posting on their social media accounts.

The Releasor acknowledges that any third party (including any agency, client, publication, or other organization or institution) may distribute the photographs and recordings on their social media accounts for the purposes of publicity and promotion of the Releasee.

In giving this consent, the Releasor releases the Releasee from liability for any violation of any personal or proprietary right the Releasor may have in connection with all third parties' use of the images on social media.

The Releasor certifies that they are 18 years of age or older. If the Releasor is under the age of 18, their parent or guardian must sign this Release.

In witness whereof, the Releasor executes this Release by signing below.

☐ YES- I give permission to SASi to use my photos/videos of me (or my child)

Releasor's Signature: _____ Date: _____

Print Name: _____

☐ NO - I do not give permission to SASi to use my photos/videos of me (or my child)

Releasor's Signature: _____ Date: _____

Print Name: _____

Opt out option: If you decide later that you do not want your photo/video used by SASi, you may withdraw your consent at any time. To do so, please handwrite, sign and date a note stating, "I no longer consent to use my photo," and submit it to SASi.