Participation Registration - Office for the Aging Senior Nutrition Program
******PLEASE ANSWER ALL QUESTIONS***

CLIENT INFORMATION:	**Number in Household:** ☐	**SITE:** _____
Last Name:	**First Name:**	**MI:**
Address:		
City:	**St: NY**	**Zip:**
Phone: (716) ☐☐☐-☐☐☐☐	**Gender:** ☐ M ☐ F	**Living Status:** ☐ Lives alone ☐ with spouse ☐ With relatives ☐ with non-relatives
Frail/Disabled: ☐ Yes ☐ No		

Emergency Contact: _____ **Relationship:**_____

Phone: (☐☐☐)☐☐☐-☐☐☐☐

Doctor's Name:_____ **Phone:** _____

DOB: ☐☐-☐☐-☐☐☐☐

Health Problems/ Comments: _____

_____

_____ _____

Signature: **Date:**

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single

SS No. ☐☐☐-☐☐-☐☐☐☐ **(kept Confidential)**

Ethnicity: ☐ White/non-minority ☐ Hispanic ☐ African American ☐ American Indian /Native American ☐ Asian/ Pacific Islander ☐ Other

Income Status: My monthly income is:
For a household of one: ☐ less than $973. ☐ less than $1459. ☐ …..more
For a household of <u>two</u> (2): ☐ less than $1311. ☐ less than $1966. ☐ …..more

Veteran: ☐ Yes ☐ No
Spouse of Veteran: ☐ Yes ☐ No

Determining Nutritional Health
Read the statements below. Circle "Y" for Yes or "N" for No for each question.

	Yes	*No*
I eat alone most of the time.	Y	N
I take 3 or more different prescribed or over-the-counter drugs a day.	Y	N
I eat fewer than 2 meals a day.	Y	N
I have an illness/condition that made me change the kind/amount of food I eat.	Y	N
I eat < 5 (1/2 cup) serving's fruits or vegetables, or < 2 (1/2 cup) servings milk products.	Y	N
I have tooth or mouth problems that make it hard for me to chew my food.	Y	N
I don't always have enough money to buy the food I need.	Y	N
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	Y	N
I have 3 or more drinks of beer, liquor or wine almost every day.	Y	N
I am not always physically able to shop, cook and/or feed myself.	Y	N
____ I would like to see a Registered Dietitian.		