

Home Delivered Meal Program Registration

Please complete this form to the best of your ability. Heavily outlined items are for office use only.

Contact Date		AAA Region	Eligibility Category (Check one): <input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Volunteer <div style="text-align: right;"><input type="checkbox"/> Disabled under 60</div>	
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Section A. Basic Demographics

Last Name:		First Name:		Middle Initial:
		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified		Date of Birth:
Address:		Address #2:		
City:	State:	Zip Code:	County:	
Home Phone:	Mobile Phone:		Work Phone:	

Section B. Social History

Race (Check all that apply):	American Indian or Alaska Native Asian or Asian American Native Hawaiian or Pacific Islander Black or African American White	Ethnicity (Check one): Hispanic or Latino Non-Hispanic
Household Size (Check One):	I live alone.	I live with others.

Section C. Financial

- I live alone.....and my monthly income is between (Check one)
- \$1,215/month or less
 \$1,216 - \$1,823/month
 \$1,824-\$2,430/month
 More than \$2,430/month
- I live with my spouse.....and our monthly income is between (Check one)
- \$1,643/month or less
 \$1,644-\$2,465/month
 \$2,466-\$3,287/month
 More than \$3,287/month

Section D. Contacts

Emergency Phone:	Emergency Contact Name	Emergency Contact Relationship

Section E. Nutrition Risk Assessment

Have you changed the way you eat due to illness or medical condition?	Are there times when you don't have enough money to buy the food you need?
Yes No	Yes No
Do you eat less than 2 meals a day?	Do you eat alone most of the time?
Yes No	Yes No
Do you eat few fruits or vegetables or milk products?	Do you take 3 or more prescribed or over-the-counter drugs each day?
Yes No	Yes No

Do you have 3 or more drinks of beer, liquor or wine almost every day? Yes No	Have you lost or gained 10 pounds in the last 6 months without wanting to? Yes No
Do you have tooth or mouth problems that make it hard to eat? Yes No	Are there times when you are not physically able to shop, cook or feed yourself? Yes No
Section F. Activities of Daily Living	
Can you walk around inside without any help? Yes No	Can you bathe or shower without any help? Yes No
Can you sit up or move around in bed without any help? Yes No	Can you use the toilet without any help? Yes No
Can you comb your hair, shave, wash your face, or brush your teeth without any help? Yes No	Can you dress without any help? Yes No
Can you get in and out of bed or chair without any help? Yes No	Can you manage eating without any help? Yes No
Section G. Independent Activities of Daily Living	
Can you answer the telephone or make a phone call without help? Yes No	Can you do heavy house cleaning, like yard work and laundry, without any help? Yes No
Can you shop for food and other things you need without help? Yes No	Can you take your medications without help? Yes No
Can you prepare meals for yourself without help? Yes No	Can you handle your own money, like keeping track of bills without help? Yes No
Can you do light housekeeping, like dusting or sweeping, without help? Yes No	Can you use public transportation or drive beyond walking distances without help? Yes No
Section H. Use of Information	
<p>I understand that the information I am providing on this form is for registration purposes. The information will be used by the U.S. Health and Human Services Administration for Community Living (ACL), the Minnesota Board on Aging (MBA) and the local Area Agency on Aging, to create statistical reports. ACL, MBA and/or its assignees may use this information to conduct a study and/or survey of this service. In addition, information provided here, may be used by other service providers to help identify other services from which I may benefit, such as follow up to the Nutrition Risk Assessment. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.</p> <p>My signature (written or typed) indicates my agreement for this information to be used as indicated above.</p> <p>Signature: _____ Today's Date: _____</p>	