

<b>Mizell Senior Center</b> <b>SITE: <u>Indio Senior Center</u></b> <b>Congregate Meals Intake Form</b> <i>FISCAL YEAR 2016-2017</i>		Type of Eligible Client: <input type="checkbox"/> Age 60+ <input type="checkbox"/> Spouse of an ENP client <input type="checkbox"/> Disabled person who lives with and accompanies an ENP client <input type="checkbox"/> Disabled person who lives where the congregate site is located <input type="checkbox"/> Volunteer ( <i>Volunteers' information should not be entered into "Q"</i> )		Unique Participant ID: _____ Referred by: _____ Intake Date: _____ Staff: _____ Beginning Date: _____ *Termination Date: _____ *Reason: _____	
RCOoA Updated: 05/30/2012 Form courtesy of: A4AA				Language: <input type="checkbox"/> Does Not speak English Primary Language: _____	
*Last Name: _____		*First Name: _____		MI: _____	
Home Address: _____		City: _____	*County: _____		*Zip Code: _____
Mailing Address (if different): _____					
Best Contact Phone: (    ) _____		Emergency Contact Name: _____			
Alternate Phone: (    ) _____		Phone: (    ) _____		Their Relationship to You: _____	
*Birth Date (mm/dd/yy): _____		*Age: _____	*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline to State		

(Section 2)

*Race: (check only one box) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Race: _____ <input type="checkbox"/> Decline to State					
*Ethnicity: (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Decline to State			*Approximate household income? (This is only used to calculate poverty status) \$ _____ <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> Decline to State		
*Rural Status: (determine from Zip Code) <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Declined to State					
*Poverty Status: (calculate from household income) <input type="checkbox"/> At or Below 100% of the Federal Poverty Level (FPL) <input type="checkbox"/> Above 100% of the FPL <input type="checkbox"/> Declined to State					
*Living Status: <input type="checkbox"/> Live Alone <input type="checkbox"/> Do Not Live Alone <input type="checkbox"/> Decline to State    # In Household <input type="checkbox"/> Veteran? <input type="checkbox"/>					

(Section 3)

*Nutritional Risk Status: (for each item, circle the number in the appropriate column)	No	Yes
a) Do you have an illness or condition that changes the kind and/or amount of food you eat?	0	2
b) Do you eat fewer than 2 meals per day?	0	3
c) Do you eat fewer than 2 daily servings of each: fruits, vegetables and milk products?	0	2
d) Do you have 3 or more drinks of beer, liquor, or wine almost every day?	0	2
e) Do you have tooth or mouth problems that make it hard to eat?	0	2
f) Do you sometimes not have enough money to buy food?	0	4
g) Do you eat alone most of the time?	0	1
h) Do you take three or more prescribed or over the counter drugs a day?	0	1
i) Without wanting to, have you lost or gained 10 pounds in the past 6 months?	0	2
j) Are you not always physically able to shop, cook and/or feed yourself?	0	2
(High Nutritional Risk = 6 or more points) <b>Total Points:</b>		

I understand the information I am providing will be kept confidential and that it may be used to identify other services for which I qualify.

\_\_\_\_\_  
Signature of the client

\_\_\_\_\_  
Date