

Senior Services and Home Delivered Meal Program Registration Please complete this form to the best of your ability. Shaded areas are for office use only.				
Contact Date -----	Status -----	AAA Region CMCOA	Eligibility Category (Circle one): Client Spouse	NAPIS ID Number -----
Section A. Basic Demographics				
Last Name:		First Name:		Middle Initial:
Lives in Rural Area (Circle One): <div style="display: flex; align-items: center; gap: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>		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 (Select one): American Indian/Alaskan Asian White Hispanic White not Hispanic 2 or More Races Black/African American Native Hawaiian/Pacific Islander Other			Ethnicity (Select one) Hispanic or Latino Non-Hispanic	
Household Size (Select One): I live alone. I live with others.				
Section C. Financial				
<input type="checkbox"/> <u>I live alone</u>and my <u>monthly</u> income is between (circle one) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> \$1,041/month or less \$1,042- \$1,561/month \$1,562-\$2,082/month More than \$2,083/month </div> <input type="checkbox"/> <u>I live with my spouse</u>and our <u>monthly</u> income is between (circle one) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> \$1,409/month or less \$1,410-\$2,114/month \$2,115-\$2,818/month More than \$2,819/month </div>				
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? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		Are there times when you don't have enough money to buy the food you need? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		
Do you eat less than 2 meals a day? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		Do you eat alone most of the time? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		
Do you eat few fruits or vegetables or milk products? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		Do you take 3 or more prescribed or over-the-counter drugs each day? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		
Do you have 3 or more drinks of beer, liquor or wine almost every day? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		Have you lost or gained 10 pounds in the last 6 months without wanting to? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		
Do you have tooth or mouth problems that make it hard to eat? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		Are there times when you are not physically able to shop, cook or feed yourself? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>		

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 house keeping, 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

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.

Signature: _____ Today's Date: _____

MBA 2/19

Veteran (select one) Yes No

Please email this complete form to wcca@wccaweb.com

HOW TO FILL OUT THE NAPIS FORMS-

We need to walk through these forms line by line in order to get accurate information for the Council on Aging and Secure funding for our program.

NOTE ALL QUESTIONS ON THE REGISTRATION FORM NEED TO BE ANSWERED. IF THEY ARE NOT, YOU NEED TO GO OVER WITH THE PARTICIPANT AND HELP THEM COMPLETE IT.

1. Skip the Contact Date, Status, and NAPIS ID Number fields.

2. Eligibility Category

Please Circle Client (required to be 60+) or Spouse (If husband/wife is 60+).

3. Last, First and Middle Name

Please print, and use their legal name not a nickname. Some people do not have a middle name so this area is ok to leave blank.

4. Date of Birth

Please enter in complete date of birth. Example: 01/01/1956

5. Gender

6. Race

7. Ethnicity

People who are Hispanic or Latino know that they are, so if they do not know what this means have them check Non-Hispanic. Both Race and Ethnicity need to be filled out.

8. Address

Have them print their full address including County.

9. Lives in Rural Area: Already circled as Yes.

10. Home Phone

Have them include their phone number and make sure that the area code is completed.

11. Emergency Contact Information

Have them print their emergency contact information clearly. Please make sure that you can read this information.

12. In the section where they are asking if they are **living alone or with a spouse. Please instruct them to check I live alone, unless they are living with their spouse. Then, ask them to circle their monthly income.**

SECTION E – Nutrition Risk Assessment

1. **Have you changed the way you eat due to illness or medical condition?**

This question also includes any changes that occurred due to a temporary illness such as the flu.

2. **Are there times when you don't have enough money to buy the food you need?**

Simply ask the question.

3. **Do you eat less than 2 balanced meals in a day?**

You should ask what they consider a meal. Toast and coffee does not count as a meal.

If they answer this question as "No", then the answer to question #5 should be no also.

4. **Do you eat alone most of the time when you are not at Catholic Charities Senior Dining?**

5. **Do you eat few fruits and vegetables or milk products?**

If an older adult is consuming **1-2 servings of vegetables or fruit** per day that number is "few" based on current science recommendations. If an older adult is consuming **1 cup or less of low-fat dairy or dairy equivalent products** per day that number is "few" based on current science recommendations.

6. **Do you take 3 or more prescribed or over-the-counter drugs each day?**

This would also include any vitamins and aspirin that they are taking.

7. **Do you have 3 or more drinks of beer, liquor or wine almost everyday?**

Simply read the question.

8. **Have you lost or gained 10 pounds in the last 6 months without wanting to?**

Simply read the question.

9. **Do you have tooth or mouth problems that make it hard to eat? Do you have dentures?**

10. **Are there times when you are not physically able to shop cook or feed yourself?**

This means without any assistance. Do you need help getting to the store, or other assistance with these chores.

SECTION F – Activities of Daily Living

**Please answer any of the following questions “No” if the diner needs:
Personal assistance, Stand by assistance, Supervision or Cues
to complete any of the following Activities of Daily Living or Independent
Activities of Daily Living**

1. Can you walk around inside without any help?

Answer No if:

- The diner uses any assistive devices such as a cane, walker.

You could ask:

“Do you use a cane or a walker?”

2. Can you bath or shower without any help?

Answer No if:

- The diner uses grab bars for moving around or getting out of the tub.
- Uses shower seat in the shower.
- Needs for cues about taking a bath or shower.
- Needs another person there while showering or bathing.

3. Can you sit up or move around in bed without any help?

4. Can you use the toilet without any help?

Answer No if:

- The diner does use grab bars, or a raised toilet seat.

5. Can you comb your hair, shave, wash your face, or brush your teeth without any help?

Answer No if:

- They can't comb the back of their hair.
- They need cues from others to do these tasks, or to remember to do them.

6. Can you dress yourself without any help?

Answer No if:

- Their clothes are set out for them by someone else.
- They are not able to do all fasteners themselves.
- They do need any assistive devices to help with putting on their socks or shoes.
- They do need any cues or supervision while dressing.

7. Can you get in and out of bed or a chair without any help?

Answer No if:

They use a lift chair.

They use a cane or walker.

8. Can you manage eating without any help?

Answer No if:

- They need someone to cut up their food, butter bread, put on condiments, etc.
- They need any cues to eat.
- They are fed by someone else.

SECTION G – Independent Activities of Daily Living

1. Can you answer the telephone or make a phone call without any help?

Answer No if:

- They need someone to dial the number for them.
- They let an answering machine take all their calls and another person listens to the messages.

You could ask

“Do you have any trouble making phone calls?”

2. Can you do heavy housecleaning, like yard work and laundry without any help?

You could ask

“Do you have anyone come in and help you with your laundry, cleaning or yard work?”

3. Can you shop for food and other things you need without help?

You could ask

“Do you do your own grocery shopping? Does anyone go with you?”

4. Can you take your medications without help?

Answer No if:

- Someone else sets up their medications or reminds them to take their medication.

You could ask

“Do you have your medications set up for you?”

5. Can you prepare meals for yourself without help?

You could ask

“Do you cook?”

“Do you make your own meals or does someone cook for you? If you cook for yourself, what do you normally make?” If the answer is tea and toast, they aren't preparing a meal.

6. Can you handle your own money, like keeping track of bills without help?

Answer No if: Someone helps them pay their bills.

You could ask: “Do you pay your own bills? Do you need reminders to pay your bills? Does anyone else write out checks for you?”

7. Can you do light housekeeping, like dusting or sweeping without help?
8. Can you use public transportation or drive beyond walking distances without help?

SECTION H – Use of Information

Signature

- If a diner refuses to sign, please write “Refused to sign” and you sign below the line.
- If you complete the registration over the phone, please write “Per phone conversation” and you sign below the line.

Today's Date

Circle “Yes” or “No” if they are a Veteran