

Santa Clara County - Senior Nutrition Program
HDM NMOW NEW CLIENT ASSESSMENT



Name										Birthdate	
Residential Address (including apartment number)											
Email					Phone				Language		
Approximate Household Income \$		At or Below 100% FPL		Marital Status		Single		Divorced			
		Above 100% FPL				Married				Widowed	
		Declined to state				Domestic Partnership				Declined to state	
						Separated					
Sex at Birth	Declined	Gender	Declined	Male		Not listed, specify					
	Female		Female	Transgender F to M							
	Male		Genderqueer/ Gender Non-Binary	Transgender M to F							
Sexual Orientation/ Identity	Bisexual		Straight/Heterosexual			Ethnicity	Declined				
	Declined		Gay/Lesbian/Same Gender Loving				Hispanic/Latino				
	Questioning/Unsure		Not listed, please specify				Not Hispanic/Latino				
Race	American Indian or Alaska Native			Chinese	Hawaiian	Samoan	White				
	Asian Indian			Declined	Japanese	Vietnamese					
	Black or African American			Filipino	Korean	Other Asian					
	Cambodian			Guamanian	Laotian	Other Pacific Islander					
Veteran Status	Have you ever served in the United States Military?			Yes	Would you like more information regarding veteran's benefits?			Yes			
				No				No			
				Declined				Declined			
	<i>By checking Yes, I consent to this agency and the California Department of Aging transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information for which I may be eligible. I understand that this consent is valid for 12 months. Contact the California Department of Veterans Affairs (CalVet) to determine eligibility for services and supports at 1-800-952-5626.</i>										
	Is your mailing address the same as above?		Yes - Skip No, my mailing address is: _____ Street City State Zip Code								
Additional Questions				Y/N	Notes/Comments						
Do you participate in any other food programs?											
Do you have a working refrigerator/freezer?											
Do you have a working microwave?											
Do you live alone? If not, who do you live with?											
Do you have any pets?											



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Nutritional Risk Assessment

Indicate Yes or No to the following statements:

	Person has an illness or condition that changes the kind and/or amount of food eaten	(2)
	Eats fewer than 2 meals per day	(3)
	Eats fewer than 2 daily servings of each of the following food groups: fruits, vegetables, milk products	(2)
	Has 3 or more drinks of beer, liquor, or wine almost every day	(2)
	Has both tooth or mouth problems that make it hard to eat	(2)
	Does not always have enough money to buy the food needed	(4)
	Eats alone most of the time	(1)
	Takes 3 or more prescribed or over the counter drugs a day	(1)
	Without wanting to, lost or gained 10 pounds in the past 6 months	(2)
	Not always physically able to shop, cook and/or feed self	(2)
	Nutrition Risk High Nutrition Risk score 0-5 = No High Nutrition Risk score 6+ = Yes	

California ADLs/IADLs (Activities of Daily Living and Instrumental Activities of Daily Living)

Rating Scale	ADLs	Value	IADLs (Part 1)	Value	IADLs (Part 2)	Value
1-Independent	Eating		Light Housework		Manage Medications	
2-Verbal Cueing	Dressing		Shopping/Errands		Money Management	
3-Stand-by Assistance	Transferring in/out of chair		Meal Prep/Cleanup		Heavy Housework	
	Bathing		Transportation			
4-Hands-on Assistance	Toileting		Telephone			
	Walking					
5-Dependent						
Declined to State	Total		Total		Total	

In-Home Support Services (IHSS) Questions

Y/N

Do you receive IHSS?		
Do you receive IHSS hours for meal preparation? If yes, how many?		
Does your IHSS provider cook culturally appropriate meals?		
<input type="checkbox"/> Eligible	Client is homebound and requires verbal cueing or assistance with 2 or more ADLs; OR	
<input type="checkbox"/> Eligible	Client is homebound and has cognitive impairment	
<input type="checkbox"/> Not eligible	Client doesn't meet the eligibility criteria	

Emergency Contact (Name; Phone; Email; Relationship; City/State)

Notes

Name of Staff Completing Assessment

Date

