Santa Clara County - Senior Nutrition Program

REGISTRATION - CONGREGATE MEALS PROGRAM

☐ New
☐ Delete
☐ Change

Q Entry Date: _____
Staff Initial: _____
Registration #: _____

The funding received to provide these meals requires we ask information from individuals receiving these services. California Law prohibits the public disclosure of this information, so your personal information will be kept confidential.

Site Name: _____

Check one of the following:

☐ Older adult above 60 years old
☐ Spouse of an older adult under 60 years old
☐ A person with a disability under 60 years old who resides in senior housing (John 23rd, Stevenson House)
☐ A person with disablility under 60 years old cared by anolder adult
☐ Volunteer under the age of 60 years old

PLEASE PRINT CLEARLY

Participant Information - Complete all fields

*First Name	MI	*Last Name	Date	Phone Number

***Address:**

Street:

City: Zipcode:

***Date of Birth (M/D/Y)**

***Race:** (Check all that apply)

☐ Caucasian
☐ American Indian/Alaska Native
☐ Black

***Ethnicity:** (Check one)

☐ Not Hispanic/Latino ☐ Hispanic
☐ Declined to state

Asian:

☐ Asian Indian ☐ Chinese ☐ Japanese ☐ Korean ☐ Other Asian
☐ Cambodian ☐ Filipino ☐ Vietnamese ☐ Laotian

***Marital Status:** (Check one)

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Hawaiian/Other Pacific Islander

☐ Guamanian ☐ Hawaiian ☐ Samoan ☐ Other Pacific/Islander
☐ Declined to state

Social Security Number - last 4 digits (optional)

xxx-xx-___ ___ ___ ___

***Primary language (check one)**

☐ English ☐ Spanish ☐ Chinese ☐ Vietnamese ☐ Korean ☐ Tagalog
☐ Other:_____

***Rural**

☐ Yes ☐ No ☐ Declined to state

***Do You Receive SSI or SSP?**

☐ Yes ☐ No

***Do You Live Alone?**

☐ Yes ☐ No

***Federal Poverty Level (FPL):** (please check one)

☐ Below 100% FPL ☐ Above 100% FPL ☐ Declined to state

*** Mandatory questions**

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***What is your gender?** (Check one)

☐ Male ☐ Female ☐ Transgender Female to Male ☐ Transgender Male to Female
☐ Genderqueer/Gender Non-binary ☐ Not listed, specify:_____ ☐ Declined to state

***What was your sex at birth?** (Check one)

☐ Male ☐ Female ☐ Declined to state

***How do you describe your sexual orientation or sexual identity?** (Check one)

☐ Straight/Heterosexual ☐ Bisexual ☐ Gay/Lesbian/Same-Gender Loving ☐ Questioning/Unsure
☐ Declined to state

***Veteran Status**

Have you ever served in the United States military?	☐ Yes	☐ No	☐ Declined to state
Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military?	☐ Yes	☐ No	☐ Declined to state

If you identify as being military affiliated, check below if:"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 on veterans benefits for which I may be eligible. I understand that this consent is vaild for 12 months."

☐ Yes ☐ No

Contact the California Department of Veterans Affairs (CalVet) to determine eligibility for services and supports at **www.calvet.ca.gov or 1-800-952-5626**

***Nutrition Risk Assessment**

Circle the number in the "Yes" column for those that apply to you. Total your nutritional score	**Yes**	**No**	**Declined to state**
I have an illness or condition that made me change the kind and/or amount of food I eat.	2		
I eat fewer than 2 meals per day.	3		
I eat few fruits, vegetables or milk products.	2		
I have 3 or more drinks of beer, liquor or wine almost every day.	2		
I have tooth or mouth problems that make it hard for me to eat.	2		
I don't always have enough money to buy the food I need.	4		
I eat alone most of the time.	1		
I take 3 or more prescribed or over-the-counter drugs a day.	1		
Without wanting to, I have lost or gained 10 pounds in the past six months.	2		
I am not always physically able to shop, cook and/or feed myself.	2		
0-5 Not at risk; 6 and above at risk **Total**			

Emergency Contact Information

Name:	
Relationship:	Phone:
Address:	
Doctor Name:	Phone:

***Food Security Questionnaire**

In the last 12 months, have you worried whether your food would run out before you got money to buy more?
☐ Often True ☐ Sometimes True ☐ Never True

In the last 12 months, the food that I bought just didn't last, and I didn't have money to get more
☐ Often True ☐ Sometimes True ☐ Never True

In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?
☐ Often True ☐ Sometimes True ☐ Never True

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
☐ Yes ☐ No