

NEW: _____

UPDATE: _____

2020

Go & Dine REGISTRATION FORM

NUTRITION SITE and NUMBER:			CLIENT NO:		
DATE:	Gender: <input type="radio"/> Male <input type="radio"/> Female	DOB:		Veteran: <input type="radio"/> Yes <input type="radio"/> No	
Last Name:		First Name:		Mid Init	
Address:					
City:		State:	Zip:		
Phone:		Frail/Disabled: <input type="radio"/> Yes <input type="radio"/> No			
Emergency Contact:		Relationship:		Phone:	
Living Status: <input type="radio"/> Alone, <input type="radio"/> With Spouse Only, <input type="radio"/> With relatives, <input type="radio"/> With non-relatives, <input type="radio"/> With Spouse and others, <input type="radio"/> Others					
Marital Status: <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Never Married <input type="radio"/> Domestic Partner or Significant Other					Number in Household:
Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other Race <input type="radio"/> 2 or More Races <input type="radio"/> White (Alone) Hispanic					
Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic					
1 person monthly income: <input type="radio"/> less than \$1012 <input type="radio"/> Between \$1013 – \$1265 <input type="radio"/> Between \$1266 – \$1518 <input type="radio"/> Greater than \$1519					
2 person monthly income: <input type="radio"/> less than \$1372 <input type="radio"/> Between \$1373 - \$1715 <input type="radio"/> Between \$1716 – \$2058 <input type="radio"/> Greater than \$2059					
Read the statements below. Circle the number in the "YES" column for those that apply to you.					
Total your nutritional score and compare below.					
Circle Number below if "YES" (if NO leave blank)					
I have an illness/condition that made me change the kind/amount of food I eat.					2
I eat fewer than 2 meals a day.					3
I eat few fruits or 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 different prescribed or over-the-counter drugs a day.					1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.					2
I am not always physically able to shop, cook and/or feed myself.					2
Total					
A score of 0-2 means Good. You could recheck at six months.					
A score of 3-5 means you are at moderate nutritional risk. You could see what you can do to improve eating habits and make life-style changes.					
A score of 6 or more means you are at a high nutritional risk. You could take the checklist to a doctor, dietitian or qualified health or social service professional and talk to them. Ask for definite ways to improve your nutritional health.					
Rev 3/2018					

Informed Consent to Capture and Record Personal Information

I hereby consent to my personal information contained in this Registration Form being saved in the Client Data System maintained by the New York State Office for the Aging and used by the local Office for the Aging. I understand that my information will not be shared with other agencies without my permission.

I understand that the information on this form may be sent to the State and federal government, and is used to improve the services offered and better meet my needs.

Signature

Date

Print

<p>ATTESTATION <i>To be completed by worker</i></p> <p>I attest that informed consent, as indicated, was obtained from the above individual, who provided his/her signature above. All appropriate processes were followed, and consent was provided voluntarily.</p> <p>_____ <i>Worker Signature</i></p> <p>_____ <i>Date</i></p> <p>_____ <i>Worker Name (Print)</i></p> <p>_____ Congregate Site</p>
