



agewellvt.org  
Helpline: 1-800-642-5119  
P 802-865-0360  
F 802-865-0363  
875 Roosevelt Hwy, Ste. 210  
Colchester, VT 05446



Help our community Age Well. Donate today: agewellvt.org



**Congregate Meal Registration FY21**  
*Food where you choose*

Date: \_\_\_\_\_

Meal Site: Heineberg Community Senior Center

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are under 60, please circle all that apply to you:

Staff      Spouse      Guest      Volunteer      Dependent Child      Caregiver

Gender: Male    Female    Prefer to Self-describe: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

I am interested in receiving an email with Age Well's newsletter.    Yes    No

Ethnicity (check one): \_\_\_\_\_ Not Hispanic or Latino  
\_\_\_\_\_ Hispanic/Latino      Are you a Veteran?    Yes    No  
Are you a Spouse of a Veteran?    Yes    No

Race (check one): \_\_\_\_\_ White      \_\_\_\_\_ American Indian or Alaskan Native      \_\_\_\_\_ Asian  
\_\_\_\_\_ Black/African American      \_\_\_\_\_ Native Hawaiian or Other Pacific Islander      \_\_\_\_\_ Other

Do you live alone?    Yes    No

If **YES**, is your monthly income below \$1,063?    Yes    No

If **NO**, is your combined monthly income below \$1,436?    Yes    No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give permission for Age Well to use any photos of me taken at meal sites or events.    Yes    No

Date: \_\_\_\_\_



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### FY21 Nutrition Risk Assessment

Instructions: Read the statements below. Circle the number in the “Yes” column for the statements that apply to you. For each “yes”, total the number in the boxes for your nutrition score.

Nutrition Checklist	Yes
1. I have an illness/condition that made me change the food and/or amount I eat	2
2. I eat fewer than 2 meals per day.	3
3. I eat few fruits/vegetables daily.	1
4. I eat few of dairy products (milk, yogurt, or cheese) daily.	1
5. I have 3 or more drinks of beer, liquor or wine almost every day.	2
6. I have teeth or mouth problems that make it hard for me to eat.	2
7. I don't always have enough money to buy the food I need.	4
8. I eat alone most of the time.	1
9. I take 3 or more prescribed or over-the-counter drugs a day.	1
10. Without wanting to, I have lost or gained more than 10 pounds in the last 6 months.	2
11. I am not always able to shop, cook and/or feed myself.	2
<b>Total Score:</b>	

What does your total score mean? If it is:

**0-2** That's good! Recheck your nutrition score in 6 months.

**3-5** You are at moderate nutrition risk. See what you can do to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center, health department, and/or physician can help you interpret these results. Recheck your nutrition score in 3 months.

**6+** You are at high nutrition risk. You may want to talk with your doctor, registered dietitian, or other qualified health or social service professional about how to interpret these results.