CONGREGATE MEAL AND NUTRITION COUNSELING ASSESSMENT

Name (First, MI, Last):	**Assessment Date:**
Residential Address (Fire No. & Street):	**Date of Birth** (month/day/year): / /
City/State/Zip:	**Gender:** ❐ Male ❐ Female
Mailing Address (if different from resident/street address):	**Telephone Number:**
City/State/Zip:	**Email Address:**

Race:
- ❐ American Indian/Native Alaskan
- ❐ Asian
- ❐ Black/African American
- ❐ Hispanic
- ❐ Native Hawaiian/Pacific Islander
- ❐ White (non-Hispanic)
- ❐ Other____________________

Ethnicity:
- ❐ Hispanic or Latino
- ❐ Not Hispanic or Latino

Living Arrangement:

Lives Alone ❐ Yes ❐ No

Marital Status:

❐ Single ❐ Married ❐ Widowed ❐ Divorced
❐ Life Partner ❐ Other___________________________________

Income Status:

Is your income below the following Federal Income Guidelines?
❐ Yes ❐ No

# in Home	Month	Year
1	$1,041	$12,490
2	$1,409	$16,910
3	$1,778	$21,330
4	$2,146	$25,750

Nutrition Risk Screening Questions	No	Yes
I have an illness or condition that made me change the kind and/or amount of food I eat.	0	2
I eat fewer than 2 meals a day.	0	3
I eat few fruits or vegetables or milk products.	0	2
I have three or more drinks of beer, liquor or wine almost every day.	0	2
I have tooth or mouth problems that make it hard for me to eat.	0	2
I don't always have enough money to buy the food that I need.	0	4
I eat alone most of the time.	0	1
I take 3 or more different prescribed or over-the-counter drugs daily.	0	1
Without wanting to, I have lost or gained 10 pounds in the last six months.	0	2
I am not always able to physically shop, cook and/or feed myself.	0	2

Risk Level: ___ 0-2 Low ___ 3-5 Moderate ___ 6+ High TOTAL ____

Emergency Contact: ____ Relationship: ______________________

Phone: ___________________________ Email: ____

Allergies or Special Dietary Needs: ____

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."