Kansas Department for Aging and Disability Services Uniform Program Registration Registration Date: PSA: CUSTOMER INFORMATION First Name: Middle Name: Last Name: Birth Date: Gender: Social Security #: Female ■ Male Age: Month ☐ Other Day Year Residence Street Address: City County State Phone Street Zip **Emergency Contact Name: Emergency Contact Address:** Street Alt Phone City County State Zip Phone Ethnicity Race ☐ Hispanic or Latino American Indian/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Not Hispanic or Latino □ Asian ☐ White ☐ Ethnicity Missing ☐ Black or African American Do you live alone? ☐ Yes ☐ No Is your monthly income below? ☐Yes ☐ No Doctor Name: \$1,215 - Family of 1 or \$1,643 - Family of 2 \$2,072 - Family of 3 or \$2,500- Family of 4 City: Phone: Health conditions/medications: Veteran or Spouse of Veteran ☐ Yes MODIFIED DIETS Are you following any modified diet(s)?

Yes □ Diverticulitis □ Low sodium (salt) If yes, mark each type: ☐ Diabetic ☐ Ethnic/religious ☐ Renal Other ☐ Pureed □ Vegetarian NUTRITION RISK SCREEN (This section for Congregate Meals and Nutrition Counseling Only) Please answer each question below. SCORING - If Yes, Circle Yes SCORING - If Yes, Circle Yes Do you eat less than 2 meals daily? Have you made changes in the kind and/or amount of 3 2 food you eat because of an illness and/or condition? Do you eat less than 2 servings of fruits and vegetables daily? 1 Do you eat less than 2 servings of dairy products (milk, cheese, 1 Are you physically not always able to grocery shop, 2 yogurt, etc.) daily? cook, and/or feed yourself? (Circle all that apply) Do you usually drink less than 6 glasses of water, milk, or juice 0 Do you eat alone most of the time? 1 daily? # of glasses: Do you feel that you usually do not have enough 4 Do you drink 3 or more alcoholic beverages daily? 2 money to buy the food you need? Do you take 3 or more different prescriptions and/or over-the-Have you gained or lost more than 10 pounds in the 1 counter drugs daily? last 6 months? (Circle all that apply) Do you have problems with dentures, teeth, or mouth, which Add all YES answers for Total Nutrition Risk Score: make it hard to eat? (Circle all that apply) RISK LEVEL: 0-2: Low 3-5: Moderate 6 or more: High nutritional risk; share results with your health care provider. Release of Information: I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring. Customer/Guardian Signature Reviewer Signature KAMIS ID #: PARTICIPANT STATUS FOR MEALS 60+ Person UNMET NEEDS Less than 60 Spouse of 60+ Person Less than 60 disabled Person residing with 60+ Person Service Code Availability Code Monthly Units 60+ non-spouse Caretaker (IIIB Home-delivered meals only)