Material Aid Food Assessment Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. All your personal information is confidential. Please see the attached FAQs for more information.

# Registration and Eligibility Section – Must Be Completed Prior to Service

First Name: Click or tap here to enter text.

Middle Name (if applicable): Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Nickname (if applicable): Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Age: Click or tap here to enter text.

Only individuals aged 60 and older are eligible.

# Contact Information Section

Home Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Home Address Line 1: Click or tap here to enter text.

Home Address Line 2 (Apt/Unit/Floor): Click or tap here to enter text.

County: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Mailing address is the same as home address

Mailing Address Line 1: Click or tap here to enter text.

Mailing Address Line 2 (Apt/Unit/Floor): Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

# Demographics Section – Used for Anonymous Reporting to Our Funders

* Gender (select all that apply):

Male

Female

Non-binary/Third gender

Transgender

Another gender not listed: Click or tap here to enter text.

Refuse to answer question

* Ethnicity:

Hispanic or Latino/a/e

Not Hispanic or Latino/a/e

Refuse to answer question

* Racial Identity (select all that apply):

American Indian or Alaska Native

Asian or Asian American

Black or African American

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Another identity not listed: Click or tap here to enter text.

Refuse to answer question

* Do you live alone or with others?

Alone

With others

Refuse to answer question

* Is your income above or at/below the amount listed for your household size in the table:

Above

At/below

Refuse to answer question

## Income Levels Table

|  |  |  |
| --- | --- | --- |
| Household Size | Monthly Income | Annual Income |
| 1 | $1,304 | $15,650 |
| 2 | $1,763 | $21,150 |

Use the table to determine if your income is above or at/below the monthly or annual income listed for your household size. For each additional person, add $5,500 to annual income.

# Communication Section

What is your primary language? Click or tap here to enter text.

# Service Access and Support Section

* Health Insurance (select all that apply):

Medicare

Medicare Advantage

Medicaid

Medicaid Waiver(s)

VA

Private

None   
Other insurance: Click or tap here to enter text.

Refuse to answer question

* Can you access this service through another benefit or program? For example, through Medicaid HCBS, Medicare Advantage, or food assistance benefits?

Yes

No

Refuse to answer question

I don’t know

* Do you have reliable outside support for food access and/or meal preparation (for example, from family, friends, or a caregiver)?

Yes

No

Refuse to answer question

* Are you homebound? Select “Yes” if any of the following statements are true for you:
  + You need the help of another person to leave your home, or
  + You have a health condition or disability that makes it difficult to leave your home on a regular basis, or
  + You are only able to leave your home infrequently and for short periods of time

Yes

No

Refuse to answer question

* Are you isolated from community resources? Examples of community resources include stores, banks, health services, and senior center activities. Select “Yes” if any of the following statements are true for you:
  + You live in a remote area, or
  + You have a health condition or disability that makes it difficult for you to access community resources, or
  + You have financial or technology challenges that make it difficult for you to access community resources, or
  + You cannot drive or use public transportation, or
  + You do not feel welcome in your community due to cultural or language barriers

Yes

No

Refuse to answer question

# Nutrition Screening Section

## Nutrition Risk Score

Determine your nutritional health. If the statement is true for you, select the “Yes” checkbox and add the “Yes Score” points to your total score.

1. Do you have an illness or condition that has made you change the kind and/or amount of food you eat?

Yes, if yes, add 2 to your total score

No, if no, add 0 to your total score

Refuse to answer question

1. Do you eat fewer than 2 meals per day?

Yes, if yes, add 3 to your total score

No, if no, add 0 to your total score

Refuse to answer question

1. Do you eat few fruits, vegetables, or milk products?

Yes, if yes, add 2 to your total score

No, if no, add 0 to your total score

Refuse to answer question

1. Do you have 3 or more drinks of beer, liquor, or wine almost every day?

Yes, if yes, add 2 to your total score

No, if no, add 0 to your total score

Refuse to answer question

1. Do you have tooth or mouth problems that make it hard for you to eat?

Yes, if yes, add 2 to your total score

No, if no, add 0 to your total score

Refuse to answer question

1. Are there times you do not have enough money to buy the food you need?

Yes, if yes, add 4 to your total score

No, if no, add 0 to your total score

Refuse to answer question

1. Do you eat alone most of the time?

Yes, if yes, add 1 to your total score

No, if no, add 0 to your total score

Refuse to answer question

1. Do you take 3 or more different prescribed or over the counter drugs a day?

Yes, if yes, add 1 to your total score

No, if no, add 0 to your total score

Refuse to answer question

1. Without wanting to, have you lost or gained 10 pounds in the last 6 months?

Yes, if yes, add 2 to your total score

No, if no, add 0 to your total score

Refuse to answer question

1. Are there times you’re physically unable to shop, cook, and/or feed yourself?

Yes, if yes, add 2 to your total score

No, if no, add 0 to your total score

Refuse to answer question

Total Nutrition Risk Score (Total “Yes” Score): Click or tap here to enter text.

Total Nutrition Risk Score Meaning: 0-2 = No Risk, 3-5 = Moderate Risk, 6 or more = High Risk

If you are at high nutrition risk – speak with a qualified health or social service professional.

## The Hunger Vital Sign

For each of the following statements please tell us which one is “often true”, “sometimes true” or “never true”, for the past 12 months:

1. I worried whether my food would run out before I got money to buy more

Never True

Sometimes True

Often True

Refuse to answer question

1. The food that I bought just didn't last and I didn't have money to get more

Never True

Sometimes True

Often True

Refuse to answer question

If you answered often true or sometimes true to either or both questions above, you are at risk for food insecurity. For food and nutrition resources, call the confidential Food Resource Hotline toll-free at 855-855-4626.

## Nutrition Counseling

Are you interested in receiving nutrition counseling?

Yes  
No

# Emergency Contact Section

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Refuse to provide contact

Are you interested in learning about nutrition and a healthy diet? If yes, you're invited to enroll in Text2LiveHealthy, a nutrition education program delivered to you via text message. Scan this QR code with your phone’s camera to enroll or text the word FRUIT to 97699. Message & Data Rates May Apply. Text HELP for information. Text STOP to 97699 to opt out. No purchase necessary. For Privacy Policy and Terms and Conditions, visit [Text 2 Live Healthy](https://coloradosph.cuanschutz.edu/text2livehealthy).



# Disclosures and Waivers

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service providers and I give my consent to do so.

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.

If filled out by someone other than the client (for example a caregiver or assessor, please check here  and sign below)

Filled out by: Click or tap here to enter text.

Date: Click or tap here to enter text.