Alabama Department of Senior Services
Title III Services
FY26 Participant Enrollment Form

Name of AAA (office use)

Name of Senior Center (office use)

Enrollment Date

STEP 1: Page 1 required for all programs. STEP 2: Nutrition programs only. STEP 3-5: Staff only. ***ALL*** information ***must be updated annually.***

PARTICIPANT INFORMATION: Please ask for assistance if needed in completing this form

Last Name:	First Name:	MI:
Street Address:	Mailing Address (If different):	
City: State: Zip:	City: State: Zip:	
County:	Home Phone: ( ) Other Phone: ( )	
Email address:		
Birthdate: ___/___/_____ MM DD YYYY	Gender: ☐ Male ☐ Female	

Race:
- ☐ Caucasian/White
- ☐ Asian
- ☐ African-American/Black
- ☐ Native Hawaiian
- ☐ Alaska Native
- ☐ Pacific Islander
- ☐ American Indian
- ☐ Other

Ethnicity:
- ☐ Not Hispanic/Latino
- ☐ Hispanic/Latino

Is English your first language? ☐ Yes ☐ No

Have you fallen or been hospitalized in the past 90 days? ☐ Yes ☐ No

☐ **Dementia-related diagnosis**

Number living in household (including participant):

Estimated monthly household income: $

EMERGENCY CONTACT INFORMATION: Please provide name of a person to contact in an emergency.

Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Relationship to participant:
- ☐ Spouse
- ☐ Friend
- ☐ Other Relative
- ☐ Neighbor

Primary Physician: _____ Physician Phone: _____

ADLs/IADLs: Do you need help with any of the following?

		Yes	No	Comments
ADLS	Eating			
	Transferring in and out of bed or chair			
	Walking			
	Dressing			
	Bathing			
	Toileting			
IADLS	Doing heavy housework			
	Doing light housework			
	Preparing meals			
	Shopping for personal items			
	Managing money			
	Medication management			
	Using telephone			
	Access to public/private transportation?			

Statement of Confidentiality: The information recorded on this form is required for the statistical and reporting requirements for State and Community Programs under the Older Americans Act of 1965, as amended [Public Law 8973], and is not to be used for any other purpose in any form which could identify the individual without the individual's knowledge of the specific use and the individual's specific authorization for such use.

STEP 2: **Nutritional Health**: Please answer the following nutrition questions for congregate, home-delivered meals, and nutrition counseling:

(2) ☐ Y ☐ N 1. Have you changed the amount or kinds of food you eat because of illness or health condition?
(3) ☐ Y ☐ N 2. Do you eat fewer than 2 meals a day?
(1) ☐ Y ☐ N 3. Do you eat fewer than 3 fruits or vegetables a day?
(1) ☐ Y ☐ N 4. Do you eat fewer than 2 servings of dairy products a day? (Milk, yogurt, cheese)
(2) ☐ Y ☐ N 5. Do you have 2 or more drinks of beer, liquor, or wine almost every day?
(2) ☐ Y ☐ N 6. Do you have any chewing, tooth or mouth problems that make it hard to eat?
(4) ☐ Y ☐ N 7. Do you sometimes not have enough money for the food you need?
(1) ☐ Y ☐ N 8. Do you eat alone most of the time?
(1) ☐ Y ☐ N 9. Do you take 3 or more kinds of medicines a day? (include over the counter & prescription medicines)
(2) ☐ Y ☐ N 10. Without wanting to, have you lost or gained 10 pounds or more in the past 6 months?
(2) ☐ Y ☐ N 11. Do you have any physical problems that make it difficult for you to shop, cook, or feed yourself?

☐ ◀ **Nutrition Risk Score** of 6 or greater suggests "High" Nutrition Risk.

☐ Y ☐ N Do you want a referral to a Registered Dietitian Nutritionist for Nutrition Counseling?

DO NOT WRITE BELOW THIS LINE

STEP 3: Nutrition Staff

To be completed by staff:

1. Approved Congregate Meals:
- ☐ Hot Meals
- ☐ Frozen
- ☐ Shelf Stable
- ☐ Grab and Go

2. Approved Home-Delivered Meals:
- ☐ Hot Meals
- ☐ Frozen Meals (senior center delivered)
- ☐ Frozen Meals (food vendor delivery D2D)
- ☐ Frozen Breakfast (senior center delivered)
- ☐ Frozen Breakfast (food vendor delivery D2D)
- ☐ Shelf Stable

3. Liquid Nutrition Supplement (approved and provided by AAA with local funds or Title III cash allocations)
Congregate ☐ Yes ☐ No Homebound ☐ Yes ☐ No

4. If this participant is eligible for Title III-C Nutrition Services, identify why:
- ☐ Age 60 and older
- ☐ Spouse of eligible participant
- ☐ Volunteers at mealtime
- ☐ Individual with disability living with eligible participant
- ☐ Individual with disability living in public, low-income housing where a senior center is located
- ☐ 60+ caregiver

Date Approved: _____ Staff: _____

STEP 4: Name and address of alternate deliver if for home-delivered meal or Notes and Comments:

_____

_____

_____

STEP 5:
AIMS #: _____ **Date Entered:** _____ **Staff Initials:** _____