

National Aging Program Information System (NAPIS)

Registration Record for Congregate Meals

Section 1 – Person

Client Name _____
Last First/Nickname MI

Phone # _____ Cell # _____

Date of Birth _____ Gender Male Female

Minority Status

African Amer. /Black Asian American Hispanic Unknown

White Native American/Indian Tribal Affiliation _____

Section 1-A

Number in Household _____

Yes No

If yes, do you Household _____

_____ MARRIED SINGLE WIDOWED

Are you a Grandparent raising a grandchild? Yes No

Do you receive Congregate Meals (At the Meal Sites)? Yes No

Do you receive Meals On Wheels Yes No

any dogs? Are they fenced or chained up? Yes No

Section 2-Address

Street Address

City _____ State _____ Zip Code _____

Mailing Address (if different)

City _____ State _____ Zip Code _____

Section 3- Nutrition Risk

(Please Mark as Yes, No or U for Undetermined)

1. ___ I have an illness or condition that made me change the food I eat.
2. ___ I eat fewer than 2 meals per day.
3. ___ I eat few fruits, vegetables or milk products.
4. ___ I have 3 or more drinks of beer, liquor or wine almost every day.
5. ___ I have tooth or mouth problems that make it hard for me to eat.
6. ___ I don't always have enough money to buy the food I need.
7. ___ I eat alone most of the time.
8. ___ I take 3 or more prescribed or over-the-counter drugs a day.
9. ___ Without wanting to, I have lost or gained 10 pounds in the last six months.
10. ___ I am not always physically able to shop, cook and/or feed myself.