CLIENT PROGRAM REGISTRATION

AgeWell SERVICES

DISCOUNT DINE, LUNCH & ACTIVITY CENTERS AND SENIOR COMMUNITY ACTIVITIES

Site Name: | Start Date:

CLIENT INFORMATION

Name:

Address *(street, city, state, zip)*:

County: | Township:

Email: | Phone: ☐ Cell

Emergency Contact: | Emergency Contact Phone:

CLIENT DEMOGRAPHICS

Date of Birth (MM / DD / YYYY): | Disabled: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female ☐ Transgender ☐ Gender Non-Confirming ☐ Other ☐ Prefer Not to Identify

Sexual Orientation: ☐ Straight / Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Other ☐ Prefer Not to Identify

Marital Status:
- ☐ Divorced
- ☐ Married
- ☐ Separated
- ☐ Single
- ☐ Widowed

Race:
- ☐ American Indian / Eskimo / Aleut
- ☐ Asian
- ☐ Black / African American
- ☐ Hawaiian / Pacific Islander
- ☐ Two or More Races
- ☐ White

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Household Composition:
- ☐ Lives Alone ☐ Lives with Spouse
- ☐ Lives with Family (other than spouse
- ☐ Other

in Household: _____

Are you part of a tribe? ☐ Yes ☐ No

If yes, which tribe? _____

Did you enlist or serve in the military? ☐ Yes ☐ No If yes, which branch? _____

Spouse of a military member? ☐ Yes ☐ No

Monthly Income: If single, is your income more or less than $1,330 per month? ☐ Less ☐ More

If couple, is your combined income more or less than $1,803 per month? ☐ Less ☐ More

CLIENT NUTRITION SCREENING TOOL

Statement	Score *(circle if yes)*
I have an illness or condition that made me change the kind / amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruit, vegetable or milk products each day.	2
I have 3 or more drinks of beer, wine or liquor each day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have the money I need to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook or feed myself.	2

Score *(circle)*: 0 - 2: No risk 3 - 5: Moderate risk 6+: High risk Total Score: _____

CLIENT CONSENT AND RELEASE OF LIABILITY

Registration is required each fiscal year. Program funding relies on accurate participation data reported to State and Federal Legislators. No personal information is shared without your consent and all documents are securely shredded. By choosing to take uneaten food home, you agree that you've been provided information about food borne illness and food safety and vaccept all responsibility for food safety. By participating in any AgeWell Services activity, you assume all risks and release and hold harmless AgeWell Services, its staff and partners from any liability related to your participation.

Signature: _____ Date _____

FOR AGENCY AND PARTNER STAFF USE ONLY

Eligibility	Programs	Funding Sources	Referral(s)	Enrollment Type
☐ 60+ client	☐ Discount Dine	☐ ACLS Bureau	☐ SafeSeniors	☐ New Enroll
☐ Under 59, spouse of 60+	☐ Congregate	☐ MCSM	☐ STP	☐ Re-Enroll
☐ Disabled under 59	☐ SCA	☐ Waiver	☐ Other	

Checked for Eligibility (Initial): _____ Entered in ServTracker (Initial): _____

Key Tag # _____