

YORK COUNTY AREA AGENCY ON AGING

Registration for Congregate Meals and Senior Center Services

(Please Print)

Today's date:	Senior Center Name: WINDY HILL SENIOR CENTER
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REGISTRANT INFORMATION

Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Street address:	Last Four Digits of Social Security no.:	Home phone no.:
	XXX-XX- _____	()

Municipality (Township of Borough)	City:	State:	ZIP Code:
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Mailing Address if different than street address:

Emergency Contact Name:	Emergency Contact Address:	Emergency Contact Phone No.:
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Physician Name:	Physician Address:	Physician Phone No.:
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REGISTRANT CHARACTERISTICS

Ethnicity:	Ethnic Race:	Marital status: (circle one)
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Non-Minority (White, non-Hispanic) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Native Alaskan	Single / Mar / Div / Sep / Wid

Income: <input type="checkbox"/> Above Poverty <input type="checkbox"/> Below Poverty	Registrant has an Access Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The United States Department of Health and Human Services bases their poverty guidelines on a household's yearly income. The current figures are \$10,830 for one (1) person and \$14,5700 for two (2) persons (add \$3,740 for each additional person in household).

Registrant is Frail or Functionally Disabled Yes No

Registrant has Adequate Housing Yes No

Registrant Lives Alone Yes No

Check all of the mobility aids, if any, that you are using

<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Electric Wheelchair	<input type="checkbox"/> Powered Scooter	<input type="checkbox"/> Walker	<input type="checkbox"/> Cane	<input type="checkbox"/> Guide Dog	<input type="checkbox"/> Other _____
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Registrant needs an escort Yes No

Registrant has effects of their disability which the Senior Center needs to be aware of:
Describe:

Registrant is Nutritionally at Risk:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(Please complete the Nutritional Risk Questionnaire on the reverse side)</i>
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I authorize the release and/or receipt of information necessary for the delivery of service to me. I hereby certify that the above information is true and correct, to the best of my knowledge, information, and belief.

Registrant Signature	Date

Nutritional Risk Questionnaire

Instructions – Ask each question to the participant and record any questions answered "yes" with the corresponding number. Once all questions have been recorded, add the nutritional risk score at the bottom.

Have you had changes in kind and /or amount of food eaten? <i>(such as low salt / diabetic diet)</i>	If yes enter 2	
Do you eat fewer than two meals per day?	If yes enter 3	
Do you eat less than five servings (half cup each) of fruits or vegetables daily?	If yes enter 1	
Do you eat less than two servings of dairy products daily? <i>(such as milk, yogurt, or cheese)</i>	If yes enter 1	
Do you have three or more drinks of beer, liquor or wine almost every day?	If yes enter 2	
Do you have tooth or mouth problems make it hard to eat? <i>(such as ulcers or missing teeth)</i>	If yes enter 2	
Do you sometimes run short of money to buy food?	If yes enter 4	
Do you eat alone most of the time?	If yes enter 1	
Do you take three or more different prescribed or over-the-counter drugs per day?	If yes enter 1	
Have you lost or gained ten pounds in past six months?	If yes enter 2	
Are physically unable to shop, cook and feed yourself or get someone to do it for you?	If yes enter 2	

Total Nutritional Risk Score _____

A score of 6 points or higher is considered a nutritional risk – Record the score on the front of the sheet