



Site Director's initials: Verified Client ID, age & form completed

Nutrition Entry Form
VALID JULY 1, 2022 THRU JUNE 30, 2023
This information is kept confidential

Site Location: Application Date:

- Yes No This client paid full cost of meal (full cost is \$8.50).
If yes, fill out small receipt. Send 1st original to office; give 2nd copy to client.
Yes No Are you under 60? If yes, please answer next two questions.
Does your spouse attend the site? Yes No or,
Are you a disabled dependent child of a parent attending the site? Yes No
If either of the above two questions are no, pay full cost unless volunteering.

First Name (Nick Name) Middle Initial Last Name

Street Address Date of Birth

City State Zip County

Phone:

- Gender: Male Female Non Binary Veteran: Yes No
Race: White Black Hispanic Indian Asian Other: (Please specify)
Ethnicity: Hispanic Yes No
Income: Above Below (see chart) Household Size: 1 2 3 more
Marital Status: Widow Married Divorced Single Separated

Emergency Contact Phone Number

Volunteer Application

- I wish to volunteer: Daily Weekly Bi-weekly Monthly As Needed
I will assist with: Set-up Serving Sign in Clean-up Meal Delivery
Other

Activity or Program Presented Please Specify

NUTRITION RISK ASSESSMENT

NAME: _____

Please take a couple of minutes to complete the survey below. Circle the response that best describes your situation.

1. Is there an illness or condition that has changed the kind and/or amount of food you eat?	YES 2	NO 0
2. Do you eat fewer than 2 meals per day?	YES 3	NO 0
3. Do you include fruits, vegetables, and milk in your diet daily? Minimum: <ul style="list-style-type: none"> • 2 servings fruits/fruit juice, • 3 servings milk or milk products, • 2.5 servings vegetables 	YES 0	NO 2
4. Do you drink 3 or more drinks of beer, liquor, or wine almost every day?	YES 2	NO 0
5. Do you have tooth or mouth problems that make it hard to eat?	YES 2	NO 0
6. Do you always have money to purchase the food you need?	YES 0	NO 4
7. Do you eat alone most of the time?	YES 1	NO 0
8. Do you take 3 or more different prescribed or over-the-counter drugs a Day?	YES 1	NO 0
9. Without wanting to, or trying to, have you gained or lost 10lbs in the Last 6 months?	YES 2	NO 0
10. Are you always physically able to shop, cook, and/or feed yourself?	YES 0	NO 2

Total the scores of all items circled and record here: _____

0 – 2 = Not at Nutrition Risk; 3 – 5 = Moderate Nutrition Risk; 6 or more = High Nutrition Risk

I have reviewed this with the Site Manager, and I understand I should consult with a physician or another medical professional if my score is at Moderate to High Risk, or that I can reach out to the dietician at REAL Services.

Client Signature

Site Manager Signature