



Nutrition Entry Form Please Circle New Renewal

VALID JULY 1, 2024 THRU JUNE 30, 2025

By signing this form you understand that any food taken off-site becomes your responsibility. This information is kept confidential

Site Location:	Application Date:							
	(Fill out sm Yes No Are you 55-59 y Does your spou Are you a disab	o Are you under 6 ears of age and live se attend the site?	original copy 60? If <u>yes,</u> plea in a building w Yes of a parent att	y to main office ase answer next where a lunch sit No tending the site?	e and give yellong three questions. e is located?	Yes 🔲 No		
First Na	me	(Nick Name)		Middle In	itial	Last Name		
Street A	ddress					Date of Birth		
City		State		Zip	Co	punty		
Phone N	Number:		Ge	nder: \square_{M}	☐ F ☐ NB	Veteran: ☐Yes ☐ No		
Race:	□White □BI	ack 🗖 Hispani	c $lacksquare$ Indiar	n 🗖 Asian	☐Other :	(Please specify)		
Ethnicit	t y : Hispanic	□Yes □	No	Income:	Above \square	Below (see chart)		
Hom	e Owner 🔲 Re	ental Unit 🔲 Live	w Family	Household	Size: 1	2 more		
Marital	Status:	Widow \square_{M}	larried [Divorced	Single	Separated		
Emergency Co	ntact:			Phone N	lumber:			
			Volunteer	Application				
I wish to volunt	teer: Da	aily 🔲 Weekl	у 🔲 Ві-w	reekly 🔲 N	Monthly 🗖 As	s Needed		
Activity or Prog	gram Presented:							

NUTRITION RISK ASSESSMENT

PRINT NAME:		
The warning signs of poor nutritional health are often overlooked. Use this checklist to find o if you are at risk.	ut	
Read the statements below, circle the number in the YES column for those that apply to you. For each yes answer, total the numbers along with the totals from the last 3 questions, and wriscore below.	te your n	utritional
	YES	NO
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
I eat fewer than 2 meals per day.	3	0
I eat fruits, vegetables, or milk products	0	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2	0
I have tooth or mouth problems that make it hard for me to eat.	2	0
I always have enough money to purchase the food I need.	0	4
I eat alone most of the time.	1	0
I take 3 or more different prescribed or over-the-counter drugs a day.	1	0
Without wanting to, I have lost or gained weight in the last 6 months.	2	0
I am always physically able to shop, cook, and/or feed myself.	0	2
If you recently lost weight without trying, how many pounds did you lose?	PTS	
□2-13lbs 1pt □14-23lbs 2 pts □24-33lbs 3pts □more than 34lbs 4pts □Unsure 2pts		0
Have you been eating poorly due to a decreased appetite?	1	0
In the last 12 months I have worried that I would run out of food before I had money to	PTS	0
purchase more. Choose one; Often 1pt Sometimes 1pt Never 0 pts		0
In the last 12 months the food that I bought just was not enough to last and I did not have	PTS	
money to buy more. Choose one; \square Often 1pt \square Sometimes 1pt \square Never 0 pts		0
Total the scores of all items circled and record here: $0-2 = \text{Not at Nutrition Risk}; 3-5 = \text{Moderate Nutrition Risk}; 6 \text{ or more} = \text{High Nutrition Risk}$ I have reviewed this with the Site Manager, and I understand I should consult with a phyanother medical professional if my score is at Moderate to High Risk.		or
Client Signature Site Manager Signature		_