



Nutrition Entry Form

Please Circle

Site Director's
initials: Verified
All Data Entered &
Boxes Checked

New Renewal

Do you attend another Site? Where: _____
VALID JULY 1, 2025 THRU JUNE 30, 2026

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

Site Location: _____ Application Date: _____

Confirm eligibility with site director and review donation process or pay full cost if not eligible

☐ Yes ☐ No Client paid full cost of meal (full cost is \$8.50)
(Fill out small receipt. Send original copy to main office and give yellow copy to client)

☐ Yes ☐ No Are you under 60? If yes, please answer next three questions.

Are you 55-59 years of age and live in a building where a lunch site is located? ☐ Yes ☐ No

Does your spouse attend the site? ☐ Yes ☐ No

Are you a disabled dependent child of a parent attending the site? ☐ Yes ☐ No

First Name (Nick Name) Middle Initial Last Name

Street Address Date of Birth

City State Zip County

Phone Number: _____ Gender: ☐ M ☐ F ☐ NB Veteran: ☐ Yes ☐ No

Race: ☐ White ☐ Black ☐ Hispanic ☐ Indian ☐ Asian ☐ Other : _____ (Please specify)

Ethnicity: ☐ Hispanic ☐ Yes ☐ No Income: ☐ Above ☐ Below (see chart)

☐ Home Owner ☐ Rental Unit ☐ Live w Family Household Size: ☐ 1 ☐ 2 ☐ 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

Activity or Program Presented: _____

NUTRITION RISK ASSESSMENT

PRINT NAME: _____

The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you are at risk.

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 write your nutritional score below.

	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? <input type="checkbox"/> 2-13lbs 1pt <input type="checkbox"/> 14-23lbs 2 pts <input type="checkbox"/> 24-33lbs 3pts <input type="checkbox"/> more than 34lbs 4pts <input type="checkbox"/> Unsure 2pts	PTS	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 purchase more. Choose one; <input type="checkbox"/> Often 1pt <input type="checkbox"/> Sometimes 1pt <input type="checkbox"/> Never 0 pts	PTS	0
In the last 12 months the food that I bought just was not enough to last and I did not have money to buy more. Choose one; <input type="checkbox"/> Often 1pt <input type="checkbox"/> Sometimes 1pt <input type="checkbox"/> Never 0 pts	PTS	0

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.

Client Signature

Site Manager Signature