REAL SERVICES Nutrition Entry Form

Valid 7/1/26-6/30/27

Site directors initials:
form complete & legible. ☐

☐ **NEW APPLICANT**

☐ **RENEWAL- sites attended:**_____

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

Site Name:_____ Application Date:_____

Confirm eligibility with site director and review donation process. Pay full cost if not program eligible.

- ☐ Are you under 60? **If yes, answer next 3 questions.**
- ☐ Are you 55-59 years old and live in the building where a site is located?
- ☐ Does your age-eligible spouse attend the site?
- ☐ Are you the disabled dependent of client attending the site?
- ☐ Non-eligible & paid full cost of meal ($10.00)

Date of Birth:_____

First Name:_____ Middle Initial:_____ Last Name:_____

Preferred Name/Nick Name:_____

Street Address:_____ Apartment #:_____

City:_____ State:_____ Zip:_____

Phone Number:_____ County:_____

Gender: ☐ Female ☐ Male ☐ Non-Binary

Marital Status: ☐ Single ☐ Widow ☐ Married ☐ Divorced ☐ Separated

Race: ☐ White ☐ Black ☐ Hispanic ☐ Native American/Indigenous ☐ Asian

Ethnicity: ☐ Hispanic ☐ Not Hispanic

Are you a veteran: ☐ Yes ☐ No

Income: ☐ Above ☐ Below

Living alone: below if your income is under $15,650
Household of 2: below if your income is under $21,150
Household of 3: below if your income is under $26,650

Household Size: ☐ 1 ☐ 2 ☐ More:_____

Are you: ☐ a home owner ☐ a renter ☐ living with family

Emergency Contact Name:_____ **Phone Number:**_____

I wish to volunteer: ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ As Needed

Activity or program presented:

Please fill out assessments on opposite side →

Risk Assessments (required)

Name:_____ **Date:**_____

Read the statements below and circle the answer that applies to you. Record the total in the space provided.

If the assessments show that you are at risk, we recommend that you talk to a medical professional.

Nutritional Health

I have an illness or condition that made me change the kind and/or amount of food that I eat.	Yes 2	No 0
I eat fewer than 2 meals per day.	Yes 3	No 0
I include fruits, vegetables and milk products in my daily diet.	Yes 0	No 2
I have 3 or more drinks of beer, liquor or wine almost every day.	Yes 2	No 0
I have tooth or mouth problems that make it hard for me to eat.	Yes 2	No 0
I always have enough money to buy the food I need.	Yes 0	No 4
I eat alone most of the time.	Yes 1	No 0
I take 3 or more different prescribed or over-the-counter drugs a day.	Yes 1	No 0
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	Yes 2	No 0
I am always physically able to shop, cook, and/or feed myself.	Yes 0	No 2

0-2= not at nutritional risk 3-5= moderate nutritional risk 6+= high nutritional risk

Nutritional Health Score:_____

Weight Loss

Have you recently lost weight without trying?	**No**	**0**
	Not sure	**2**
	I've lost 2-13 pounds	**1**
	I've lost 14-23 pounds	**2**
	I've lost 24-33 pounds	**3**
	I've lost 34 + pounds	**4**

Appetite

Have you been eating poorly because of a decreased appetite?	**Yes**	**1**
	No	**0**

0-1= not at risk (eating well with little or no weight loss)
2+= at risk (eating poorly and/or recent weight loss)

Weight Loss Score + Appetite Score = Malnutrition Score: _____

Hunger Vital Signs/Food Insecurity

In the last 12 months, I worried that my food would run out before I had money to buy more.	**Often True**	**1**
	Sometimes True	**1**
	Never True	**0**

Within the last 12 months, food I bought just didn't last and I didn't have money to get more.	**Often True**	**1**
	Sometimes True	**1**
	Never True	**0**

0= food secure 1= food insecure 2= food insecure

Hunger Vital Sign Score:_____

Client Signature

Site Director Signature