MILWAUKEE COUNTY
Department on Aging

MILWAUKEE COUNTY SENIOR DINING REGISTRATION

☐ NEW ☐ ANNUAL REVIEW SITE: _____ DATE: _____

LAST NAME:	MI:	FIRST NAME:	SUFFIX: JR SR I II III
ADDRESS:		CITY:	STATE: ZIP:
BIRTHDATE:	PHONE:	EMAIL:	

MARITAL STATUS:
- ☐ Single
- ☐ Married
- ☐ Partnered
- ☐ Legally Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Other_____

GENDER:
- ☐ Female
- ☐ Male
- ☐ Other

RACE:
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White *(Non-Hispanic, Non-Minority)*
- ☐ White-Hispanic
- ☐ Other _____

ETHNICITY:
- ☐ HISPANIC / LATINO
- ☐ NOT HISPANIC / LATINO

DO YOU LIVE ALONE?
☐ NO ☐ YES

MILITARY/VETERAN?
☐ NO ☐ YES

2019-2020 INCOME LEVEL: *(Your response will not impact your eligibility)*
For **one**-person household: is your income below **$1,040**/month (**$12,490** annually)? ☐ NO ☐ YES
For **two**-person household: is your income below **$1,409**/month (**$16,910** annually)? ☐ NO ☐ YES

FUNCTIONAL SCREEN

ACTIVITIES OF DAILY LIVING (ADL)	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)
☐ Trouble w/Bath Prep; Getting in/out of Bath/Shower; Washing/Drying	☐ Trouble Preparing My Own Meals
☐ Trouble Dressing & Undressing	☐ Trouble w/Medication Management
☐ Trouble Completing Toilet Activities & Personal Care	☐ Trouble Handling Bill Paying, Banking, etc.
☐ Trouble Getting In & Out of Bed or Chair	☐ Trouble w/Heavy Housework, Outdoor Chores
☐ Trouble Using Utensils & Eating Without Help	☐ Trouble w/Light Housework
☐ Trouble walking Up & Down Stairs or Walking without Assistance	☐ Trouble Shopping for Groceries or Personal Items
	☐ Trouble Traveling in Car, Van, Taxi or Bus
	☐ Trouble w/Telephone Usage; Making & Receiving Calls
___ ADL TOTAL	___ IADL TOTAL

NUTRITION SCREEN

		YES
❶	An illness or condition changes the kind and/or amount of food I eat.	2
❷	I eat fewer than 2 meals a day.	3
❸	I eat few fruits, vegetables or dairy products.	2
❹	I have 3 or more drinks of beer, wine or liquor almost every day.	2
❺	Tooth or Mouth problems make it hard to eat.	2
❻	I don't always have enough money to buy the food I need.	4
❼	I eat alone most of the time	1
❽	I take 3 or more prescribed or over-the-counter drugs.	1
❾	Without wanting to, I lost or gained 10 pounds in the last 6 months.	2
❿	I'm not always able to shop, cook or feed myself.	2

UNDER 60? Which Makes you Eligible?
- ☐ Active Volunteer
- ☐ Spouse of Active Diner
- ☐ Disabled, Live in Dining Site
- ☐ Disabled, Live with Active Diner

HOW DID YOU HEAR ABOUT US?
- ☐ Friend/Family
- ☐ Health Provider
- ☐ Church
- ☐ Internet Search
- ☐ Menu in Paper
- ☐ Facebook
- ☐ Other_____

NUTRITION RISK LEVEL:
0-2 LOW
3-5 MODERATE
6+ HIGH
TOTAL: _____

DATE MCDA RECEIVED: _____
SAMS ENTRY DATE: _____
MCDA STAFF: _____

EMERGENCY CONTACT_____ PHONE: _____ RELATIONSHIP: _____

Privacy Statement "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff.

EFFECTIVE: MAY 1, 2020