



MILWAUKEE COUNTY SENIOR DINING REGISTRATION

MILWAUKEE COUNTY

NEW ANNUAL RENEWAL SITE _____ DATE _____

LAST NAME		FIRST NAME		MI	SUFFIX JR SR I II III	
ADDRESS		CITY		STATE	ZIP	
BIRTHDATE (MM/DD/YYYY)		PHONE	EMAIL			
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Self-Describe _____		RACE <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____		ETHNICITY <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino
				HOUSEHOLD <input type="checkbox"/> I live alone <input type="checkbox"/> I live with others		
				MILITARY/VETERAN <input type="checkbox"/> NO <input type="checkbox"/> YES		

2022 INCOME LEVEL (Your response will not impact your eligibility)

For **one-person** household: is your income below **\$1,132/month (\$13,590 annually)**? NO YES

For **two-person** household: is your income below **\$1,525/month (\$18,310 annually)**? NO YES

FUNCTIONAL SCREEN		INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs) <i>Select if you need substantial assistance to complete including verbal reminders, physical prompts or supervision.</i>	
ACTIVITIES OF DAILY LIVING (ADLs) <input type="checkbox"/> Bathing: Gets in/out of Bath/Shower. Safely washes/dries self. <input type="checkbox"/> Dressing: Dresses & undresses safely. <input type="checkbox"/> Toileting: Uses toilet & cleans oneself. <input type="checkbox"/> Transferring: Moved in and out of bed or chair. <input type="checkbox"/> Feeding: Uses utensils & eats independently. <input type="checkbox"/> Continence: Exercises complete self-control. ADL TOTAL		<input type="checkbox"/> Plans, prepares & eats adequate meals independently. <input type="checkbox"/> Takes care of shopping needs independently. <input type="checkbox"/> Takes medication in correct dosages at correct times. <input type="checkbox"/> Handles financial matters and day-to-day purchases. <input type="checkbox"/> Participates in housekeeping tasks. <input type="checkbox"/> Launders items independently. <input type="checkbox"/> Travels unassisted via personal vehicle, bus or taxi. <input type="checkbox"/> Dials and answers the telephone. IADL TOTAL	

NUTRITION SCREEN		How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Health Provider <input type="checkbox"/> Facebook <input type="checkbox"/> Newspaper <input type="checkbox"/> Church <input type="checkbox"/> Website <input type="checkbox"/> Internet Search <input type="checkbox"/> Other _____	Under 60? Which makes you ELIGIBLE? <input type="checkbox"/> Active Volunteer <input type="checkbox"/> Spouse of Active Diner <input type="checkbox"/> Disabled, Live in Dining Site <input type="checkbox"/> Disabled, Live with Active Diner																																
<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>1 An illness or condition changes the kind/amount of food I eat.</td><td>2</td><td></td></tr> <tr><td>2 I eat fewer than 2 meals each day.</td><td>3</td><td></td></tr> <tr><td>3 I eat few fruits, vegetables or milk products.</td><td>2</td><td></td></tr> <tr><td>4 I have 3+ drinks of beer, wine or liquor almost every day.</td><td>2</td><td></td></tr> <tr><td>5 Tooth or mouth problems make it hard for me to eat.</td><td>2</td><td></td></tr> <tr><td>6 I don't always have enough money to buy the food I need.</td><td>4</td><td></td></tr> <tr><td>7 I eat alone most of the time.</td><td>1</td><td></td></tr> <tr><td>8 I take 3+ prescribed or over-the-counter medications.</td><td>1</td><td></td></tr> <tr><td>9 Without wanting to, I lost/gained 10 pounds in 6 months.</td><td>2</td><td></td></tr> <tr><td>10 I'm not always physically able to shop, cook or feed myself.</td><td>2</td><td></td></tr> </tbody> </table>				YES	NO	1 An illness or condition changes the kind/amount of food I eat.	2		2 I eat fewer than 2 meals each day.	3		3 I eat few fruits, vegetables or milk products.	2		4 I have 3+ drinks of beer, wine or liquor almost every day.	2		5 Tooth or mouth problems make it hard for me to eat.	2		6 I don't always have enough money to buy the food I need.	4		7 I eat alone most of the time.	1		8 I take 3+ prescribed or over-the-counter medications.	1		9 Without wanting to, I lost/gained 10 pounds in 6 months.	2		10 I'm not always physically able to shop, cook or feed myself.	2	
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NUTRITION RISK LEVEL: 0-2 LOW 3-5 MODERATE 6+ HIGH																																			

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."