



# MILWAUKEE COUNTY SENIOR DINING REGISTRATION

NEW       ANNUAL RENEWAL      SITE \_\_\_\_\_ DATE \_\_\_\_\_

LAST NAME		FIRST NAME		MI	SUFFIX JR SR I II III
ADDRESS			CITY		ZIP CODE
BIRTHDATE (MM/DD/YYYY)	AGE	PHONE		EMAIL	

<b>MARITAL STATUS</b> <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 _____	<b>GENDER</b> <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 _____	<b>RACE</b> <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: _____ _____	<b>ETHNICITY</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <b>HOUSEHOLD</b> <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives With Others <b>MILITARY/VETERAN?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES
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**2022-2023 INCOME LEVEL** (Your response will not impact your eligibility. Age-based, NOT income-based)

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

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

<b>NUTRITION SCREEN</b> <i>Please Circle the Corresponding Number</i>		YES	NO	How did you hear about us?	Under 60? <i>How are you eligible?</i>
①	A condition or illness changes the kind/amount of food I eat	2	0		
②	I eat fewer than 2 meals each day	3	0	<input type="checkbox"/> Facebook	<input type="checkbox"/> Spouse of Active Diner
③	I eat few fruits, vegetables or milk products	2	0	<input type="checkbox"/> Health Provider	<input type="checkbox"/> Disabled · Live in Dining Site
④	I have 3+ drinks of beer, wine or liquor each day	2	0	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Disabled · Live w/Active Diner
⑤	Tooth or mouth problems make it hard to eat	2	0	<input type="checkbox"/> Internet	
⑥	I don't always have enough money to buy food	4	0	<input type="checkbox"/> Email	
⑦	I eat alone most of the time	1	0	<input type="checkbox"/> US Mail	
⑧	I take 3+ prescribed/over-the-counter medications	1	0	<input type="checkbox"/> Church	
⑨	Unintentionally, lost/gained 10 pounds in 6 months	2	0	<input type="checkbox"/> Senior Center	
⑩	Not always physically able to cook or feed myself	2	0	<input type="checkbox"/> Other _____	

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

**OFFICE USE**  
 Received \_\_\_\_\_  
 Diner Card  
 Diner Handbook  
 SAMS Entry \_\_\_\_\_  
 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."