

Kansas Department for Aging and Disability Services Uniform Program Registration

Registration Date:

PSA: 05

CUSTOMER INFORMATION

First Name: Middle Name: Last Name: Birth Date: Age: Social Security #: Gender: Residence Street Address: Phone: Emergency Contact Name: Emergency Contact Address:

Ethnicity Race
Hispanic or Latino
Not Hispanic or Latino
Ethnicity Missing
American Indian/Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Do you live alone? Is your income below the poverty level? Doctor Name: City: Phone: Veteran or Spouse of Veteran: Health conditions/medications:

MODIFIED DIETS

Are you following any modified diet(s)? If yes, mark each type: Diabetic, Diverticulitis, Ethnic/religious, Low sodium (salt), Mechanical, Pured, Renal, Vegetarian, Other

NUTRITION RISK SCREEN (This section for Congregate Meals and Nutrition Counseling Only) Please answer each question below.

Table with 4 columns: Question, Yes, Question, Yes. Contains 7 rows of screening questions about eating habits and health.

RISK LEVEL: 0-2: Low 3-5: Moderate 6 or more: High nutritional risk; share results with your health care provider.

Release of Information: I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring.

Customer/Guardian Signature Date Reviewer Signature Date

COMPLETED BY REVIEWER

KAMIS ID #: UNMET NEEDS Service Code Availability Code Monthly Units Participant Status for Meals: 60+ Person, Less than 60 Spouse of 60+ Person, etc.

Table with 13 columns: PSA, Service Code, Funding Source, Disaster, Provider, Unit(s), Per, Total Units Monthly, Cost of Unit, Start Date, End Date, Discharge Code. Row 1: 05, CMEL, 3C1, N/a, St.Lukes Dine, 5, WK, 25, etc.

(OPTIONAL) PAGE 2 FOR GRAB AND GO MEAL ELIGIBILITY

Name: _____ Date of Birth: _____ Registration Date: _____

How would you rate your knowledge about healthy food and healthy eating?		Do you have difficulty with?	Difficulty	No Difficulty
Very poor				
Below average		Meal Preparation		
Average		Eating		
Above average		Shopping for Food		
Excellent		Transportation		
		Walking, Mobility		

What prevents you from attending the congregate meal site? (Beyond food quality, preference)

Level of Agreement with the Following:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Healthiness of food has little impact on my food choices.					
It is important for me that my daily diet contains a lot of vitamins and minerals.					
I always follow a healthy and balanced diet.					
I do not avoid foods, even if they may raise my cholesterol.					
I eat what I like, and I do not worry much about the healthiness of food.					

Does anyone help you prepare food or bring food to you?	Yes		No		How often do you leave home?				
					Never	Very Rarely	Occasionally	Frequently	Very Frequently

If yes, who?	_____	If never or very rarely, why?	_____
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Customer Comments:

Reviewer: Complete bottom section on Page 1 according to nutrition services eligibility.

Check if emergency/disaster situation