Kansas Department for Aging and Disability Services Uniform Program Registration

Registration Date:									PSA: 05	;
CUSTOMER INFORMATION										
irst Name: Last Name:										
Birth Date:	Δ.		ial Ser	:urity #:			Gender:	□ Fe	male [] Male
Month Day Year	^	gc		Junity #.			ichach.		her	
Residence Street Address:									nei	
			C:4					7	A	щ
Phone:	ა	Street	City		Сои	nty Sto	ite Z	2ip	Apt	Ħ
Emergency Contact Name:										
Emergency Contact Address:	_									
	<u> </u>	Street	City		Сои	inty Sta	nte Z	Cip P	hone A	It Phone
Ethnicity						Race				
Hispanic or Latino		American Indian	/Alask	an Nati	ive [Native	Hawaiian	or Other	Pacific Isl	ander
Not Hispanic or Latino	□ Asian □ White									
Ethnicity Missing		Black or African	Ameri	can						
Do you live alone?										
Doctor Name:										
City: Phone: Veteran or Spouse of Veteran										
Health conditions/medications:					Spouse					
							121			
		MODI	FIED L	DIETS						
Are you following any modified diet(s)?			_	·	,	<u> </u>		/ II)		
If yes, mark each type: Diabet		Diverticulitis			/religiou		ow sodiur	n (salt)	Mech	ianical
D Pureed		🗆 Renal		-	irian					
NUTRITION RISK SC	REEN	(This section for	Cong	regate l	Meals a	nd Nutriti	on Counse	eling Only	()	
		Please answei	r each	questi	on belo	w.				
SCORING – If Yes, Circle			Yes	SCOR	RING – I	f Yes, Circl	e			Yes
Do you eat less than 2 meals daily?				Have	ve you made changes in the kind and/or amount of 2					of 2
Do you eat less than 2 servings of fruits and vegetables daily?					bod you eat because of an illness and/or condition?					
Do you eat less than 2 servings of dairy products (milk, cheese,				Are you physically not always able to grocery shop, 2						
yogurt, etc.) daily?				cook, and/or feed yourself? (Circle all that apply)						
Do you usually drink less than 6 glasses of water, milk, or juice				Do you eat alone most of the time? 1						
daily? # of glasses:					Do you feel that you usually do not have enough 4					
										4
Do you drink 3 or more alcoholic beverages daily?					money to buy the food you need?					
Do you take 3 or more different prescriptions and/or over-the-					Have you gained or lost more than 10 pounds in the 2					
counter drugs daily?		last 6 months? (Circle all that apply) Add all YES answers for Total Nutrition Risk Score:								
Do you have problems with dentures, tee	2	Add a	all <u>YES </u> a	inswers to	r Total Nu	trition Ris	sk Score:			
make it hard to eat? (Circle all that appl	y)									
RISK LEVEL: 0-2: Low 3-5: N	lodera	ate6 or mor	e: Hig	h nutri	tional ri	sk; share r	esults wit	h your he	alth care p	provider.
Release of Information: I consent to the r	elease	e of the informati	on on	this pa	ge so l d	can receive	e services.	l underst	and the	
information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and										g. and
service providers as listed below to enable the delivery of services and program monitoring.										
Customer/Guardian Signature Delow to enable the delivery of services and program monitoring.										
Reviewer Signature							ate			
			DBIK	EVIEWE	R				-	
KAMIS ID #:		60+ Person					PARTICIPA	NT STATUS	FOR MEAL	5
UNMET NEEDS		Less than 60 Spo								
Service Code Availability Code Monthly Uni					-					
		•	careta	aker (IIIB	nome-d	envered me	ais offiy)			
	 Volunteer Less than 60 disabled Person residing in housing facility with CMEL site and occupied mostly by 									
60+ Persons										
Service Funding Disaster				110:4/->	Day	Total Units	Cost of Unit	Start Date	End Date	Discharge
PSA Code Source Disaster		Provider		Unit(s)	Per	Monthly		Dure Dure		Code
05 CMEL 3C1 N/a		St.Lukes Di	ne	5	WK	25				

~~~~~(OPTIONAL) PAGE 2 FOR GRAB AND GO MEAL ELIGIBILITY~~~~~~~~

Name:			Date o	Date of Birth:			Registration Date:				
How would you rate your knowledge about healthy food and healthy eating? Very poor			o you have fficulty wit		Difficulty			No Difficulty			
Below average		M	eal Prepara	ation							
Average			Eating								
Above average			Shopping for Food				/				
Excellent		Tra	Transportation								
		W	Walking, Mobility								
What prevents you from attending the congregate meal site? (Beyond food quality, preference)											
Level of Agreement with the Following:			Strongly Disagree	C	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 d about the healthiness o	•										
Does anyone Ye	s No)		How often do you leave home?							
help you prepare food or bring food to you?				Neve		ery arely	Occasionally	Frequently	Very Frequently		
							1	<u>λ</u>			
If yes, who?				If never o rarely, wl		-					
Customer Comments:			Reviewer: Complete bottom section on Page 1 according to nutrition services eligibility.								
					Check if emergency/disaster situation						
L				-							

KDADS Form UPR-001