ELDERLY NUTRITION PROGRAM
ELDER BROWN BAG PROGRAM INTAKE FORM
MOC Information Network - Client Information Form

IDENTIFICATION

CLIENT ID _____ SOCIAL SECURITY # _____ -- _____ -- _____

CONTACT

CLIENT NAME: MR/MRS/MS _____ (First) ____ (MI) _____ (Last) ____

ADDRESS: _____ (Street) ____ (Apt) _____ (City/Town) ____ (State) _____ (ZIP)

DATE OF BIRTH ____ / ____ / ____ (Required) TELEPHONE #'S ( ) ____ -- _____ (Home) ( ) ____ -- _____ (Contact)

DEMOGRAPHICS

SEX	DISABLED	ETHNICITY		VETERAN	FOOD STAMPS	HEALTH INSURANCE
Male ☐	Yes ☐	Black ☐	Asian ☐	Yes ☐	Yes ☐	Yes ☐
Female ☐	No ☐	White ☐	Native Amer ☐	No ☐	No ☐	No ☐
		Hispanic ☐	Cape Verdian ☐			
			Other ☐			

FAMILY STATUS - CHECK ONE	HOUSING STATUS	ANNUAL INCOME	ANNUAL INCOME	SOURCE OF INCOME
Single person - living alone ☐	Own ☐	Single Income	Two Adults	No Income ☐
Two adults - living alone ☐	Rent ☐	Less than or equal to 8,590 ☐	Less than or equal to 11,610 ☐	Social Security/SSI ☐
Single parent living with child ☐	Public Housing ☐	Less than or equal to 12,885 ☐	Less than or equal to 17,415 ☐	Pension ☐
Two adults living with child ☐	Subsidized Housing ☐	Above amounts listed ☐	Above amounts listed ☐	Wages or Salary ☐
Other _____ ☐	Homeless ☐	Refused Answer ☐	Refused Answer ☐	Other ☐
Number in Household ____	Other ☐	17,720	23,880	

ELIGIBILITY STATUS

I receive one or more of the following types of assistance. (Please check all that apply. Some of the answers may duplicate information already provided above, but please answer again.)

Medicaid ☐	AFDC ☐	Welfare ☐	Veteran's Aid ☐
Fuel Assistance ☐	Food Stamps ☐	SSI ☐	

NUTRITIONAL ASSESSMENT TEST

The warning signs of poor nutritional health are often overlooked. This checklist is to find out if you are at nutritional risk. Read the statements below. Circle the number in the yes column for those that apply to you. For each yes answer, circle the number in the box.

Please circle or check your answers in the Yes column, If No please leave blank	HAND OUT	YES
Do you have an illness or condition that made you change the kind and/or amount of food you eat? If Yes, list: _____		2
Do you eat fewer than 2 meals per day?		3
Do you eat few fruits or vegetables, or milk products (Less than 4).		2
Do you have 3 or more drinks of beer, liquor or wine almost every day?		2
Do you have tooth or mouth problems that make it hard for me to eat.		2
Are there times when you lack enough money to buy the food you need, or is income less than $6,000 per year per individual in the household?		4
Do you eat alone most of the time?		1
Do you take 3 or more different prescribed or over the counter drugs a day? List Medications: _____		1
Without wanting to, have you lost or gained 10 pounds in the last 6 months? Height _____ Weight _____ ☐ Gained ☐ Lost		2
Are there times when you are not always physically able to shop cook and/or feed myself.		2
TOTAL		

TOTAL YOUR NUTRITIONAL SCORE. IF IT IS:

0-2 GOOD! Recheck your nutritional score in 6 months

3-5 YOU ARE AT MODERATE NUTRITIONAL RISK. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6-21 YOU ARE AT HIGH NUTRITIONAL RISK. Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

INFORMATION DISCLOSURE

If I am unable to pick up my bag for any reason, the following person is authorized to pick it up in my absence:

Name: _____ Phone: _____
(PLEASE PRINT)

The Elder Brown Bag Program is available to all eligible recipients regardless of age, sex, race, color, religion, national origin, or disability.

I hereby certify that, to the best of my knowledge, the information provided on this form is true and complete. I understand that both misrepresentation of need and sale or exchange of the Worcester County Food Bank product are prohibited and will result in my immediate removal from the Elder Brown Bag Program.

_____ _____ ____/____/____
Applicant's Printed Name Signature Date