

BUCKS COUNTY AREA AGENCY ON AGING
CENTER REGISTRANT DATA SHEET

BEN WILSON SENIOR ACTIVITY CENTER

DATE: _____

CHECK ALL THAT APPLY: Center Visit Noon Meal BC Transport

NAME: Mr. Mrs. Ms. _____
First Middle Initial Last

RESIDENTIAL ADDRESS: _____
 Town _____ State _____ Zip _____ County _____
 Municipality (choose one from other side of this page) _____

MAILING ADDRESS: (if different than residence)
 Town _____ State _____ Zip _____ County _____

TELEPHONE # _____ **SOCIAL SECURITY #** (last 4 digits) _____

DATE OF BIRTH _____ MALE FEMALE

LIVING SITUATION: Alone With Spouse With Other Family Member

INCOME: Unmarried with annual income of \$12,760 or less..... yes no (or)
 Husband and wife combined annual income of \$17,240 or less..... yes no

MARITAL STATUS: Divorced Married Separated Single Widowed

EMERGENCY CONTACT: Name _____
 Address _____
 Telephone# _____ Relationship _____

COMPLETE "BOTH" ETHNICITY AND ETHNIC RACE:

ETHNICITY: (must check 1 of 2 boxes)

- Hispanic/Latino
- Not Hispanic/Latino

ETHNIC RACE: (must check 1 of 7 boxes)

- American Indian/Alaska
- Asia
- Black/African America
- Hawaiian/Pacific Islander
- Non-Minority (white or non-Hispanic)
- White Hispanic
- Other

| Nutrition Information | | Yes |
|--|---|------------|
| I have an illness/condition that made me change the kind and/or amount of food I eat. | | 2 |
| I eat fewer than 2 meals per day. | | 3 |
| I eat few fruits or vegetables, or milk products. | | 2 |
| I have 3 or more drinks of beer, liquor, or wine almost every day. | | 2 |
| I have tooth or mouth problems that make it hard for me to eat. | | 2 |
| I don't always have enough money to buy the food I need. | | 4 |
| I eat alone most of the time. | | 1 |
| I take 3 or more different prescribed or over-the-counter drugs a day. | | 1 |
| Without wanting to, I have lost or gained 10 pounds in the last 6 months. | | 2 |
| I am not always physically able to shop, cook and/or feed myself. | | 2 |
| TOTAL SCORE: | | |
| 0-2 | Good! Recheck your nutritional score in 6 month. | |
| 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 or More | 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. | |
| NUTRITIONAL RISK SCORE OF 6 OR HIGHER: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |