

**BUCKS COUNTY AREA AGENCY ON AGING
CENTER REGISTRANT DATA SHEET**

Ben Wilson Senior Activity Center

DATE: _____

CHECK ALL THAT APPLY: Center Visit Lunch BC Transport

NAME: _____ MALE FEMALE
First Middle Initial Last

ADDRESS: _____
Town _____ State _____ Zip _____ County _____
Township/Borough _____

PHONE #: Home _____ Cell _____ Texting Capability yes no

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** *(last 4 digits):* _____

VETERAN: yes no

MARITAL STATUS: Divorced Married Separated Single Widowed

LIVING SITUATION: Alone With Spouse With Other Family Member

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

INCOME: Unmarried with annual income of \$12,880 or less..... yes no *(or)*
 Husband and wife combined annual income of \$17,420 or less..... yes no

COMPLETE "BOTH" ETHNICITY AND ETHNIC RACE:

- | | |
|--|--|
| <p>ETHNICITY: <i>(must check 1 of 2 boxes)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | <p>ETHNIC RACE: <i>(must check 1 of 7 boxes)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Non-Minority (white or non-Hispanic) <input type="checkbox"/> White Hispanic <input type="checkbox"/> 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 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 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 6 OR HIGHER: <input type="checkbox"/>YES <input type="checkbox"/>NO		