



MILWAUKEE COUNTY SENIOR DINING REGISTRATION

NEW ANNUAL RENEWAL SITE _____ DATE _____

LAST NAME	FIRST NAME	MI	SUFFIX JR SR I II III
ADDRESS	CITY	ZIP CODE	

BIRTHDATE (MM/DD/YYYY)	AGE	PHONE	EMAIL
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MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Self-Describe	RACE <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino HOUSEHOLD <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives With Others MILITARY/VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES
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2024 INCOME LEVEL (Your response will not impact your eligibility. Age-based, NOT income-based)

For one-person household, income is below **\$1,255/month** (\$15,060 annually) NO YES

For two-person household, income is below **\$1,703/month** (\$20,440 annually) NO YES

NUTRITION SCREEN <i>Circle the Corresponding Number</i>		YES	NO	How did you hear about us?	Under 60?
1	A condition or illness changes the kind/amount of food I eat	2	0	<input type="checkbox"/> Friend/Family	How are you eligible?
2	I eat fewer than 2 meals each day	3	0	<input type="checkbox"/> Facebook	<input type="checkbox"/> Active Dining Volunteer
3	I eat few fruits, vegetables or milk products	2	0	<input type="checkbox"/> Health Provider	<input type="checkbox"/> Spouse of Active Diner
4	I have 3+ drinks of beer, wine or liquor each day	2	0	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Disabled: Live in Dining Site
5	Tooth or mouth problems make it hard to eat	2	0	<input type="checkbox"/> Internet	<input type="checkbox"/> Disabled: Live w/Elder Relative
6	I don't always have enough money to buy food	4	0	<input type="checkbox"/> Email	OFFICE USE <input type="checkbox"/> Received _____ <input type="checkbox"/> Diner Card <input type="checkbox"/> Diner Handbook <input type="checkbox"/> SAMS Entry _____ <input type="checkbox"/> STAFF _____
7	I eat alone most of the time	1	0	<input type="checkbox"/> US Mail	
8	I take 3+ prescribed/over-the-counter medications	1	0	<input type="checkbox"/> Church	
9	Unintentionally, lost/gained 10 pounds in 6 months	2	0	<input type="checkbox"/> Senior Center	
10	Not always physically able to cook or feed myself	2	0	<input type="checkbox"/> Other _____	
NUTRITION RISK LEVEL: 0-2 LOW 3-5 MODERATE 6+ HIGH					

EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."

★ NOTE: Registration Form continues on the back. Please complete both sides

EFFECTIVE: FEBRUARY 1, 2024



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REGISTRATION CONTINUED...

MALNUTRITION SCREEN (MST) 2 Questions:

ASK EVERYONE ① Have you recently lost weight without trying?

YES NO

↳ If YES, how much weight have you lost?

<input type="checkbox"/> 2-13 pounds	Score	1
<input type="checkbox"/> 14-23 pounds	Score	2
<input type="checkbox"/> 24-33 pounds	Score	3
<input type="checkbox"/> 34 pounds or more	Score	4
<input type="checkbox"/> Unsure	Score	1

WEIGHT LOSS SCORE

Enter Weight Loss Score →

ASK EVERYONE ② Have you been eating poorly because of a decreased appetite?

<input type="checkbox"/> YES	Score	1
<input type="checkbox"/> NO	Score	0

APPETITE SCORE

Enter Appetite Score →

Enter TOTAL Score → **WEIGHT LOSS SCORE + APPETITE SCORE**

How to Score

IF: MST = **0** or **1**
Then: **NOT At Risk**
(Eating well with little or no weight loss)

IF: MST = **2, 3** or **4**
Then: **At Risk**
(Eating poorly and/or recent weight loss)

Ask:

Ok to refer to Dietitian for follow-up?

FOOD INSECURITY 2 Questions:

ASK EVERYONE I'm going to read two statements people have made about their food situation. For each statement, please tell me whether the statement was

OFTEN TRUE, SOMETIMES TRUE or **NEVER TRUE** for your household in the last 12 months

① "I/We worried whether our food would run out before I/we got money to buy more."

Often True Sometimes True Never True

② "The food that I/we bought just didn't last, and I/we didn't have money to get more."

Often True Sometimes True Never True

A response of Often True, or Sometimes True to either question = positive screen for Food Insecurity.

Food Secure

Food Insecure

- Refer to Dietitian.
- EBS to complete Foodshare Application.
- Provide list of food pantries & community meals

FINAL DETERMINE SCORE:

DETERMINE NUTRITION RISK LEVEL

- Low Risk (0-2)
- Moderate Risk (3-5)
- High Risk (6 or more)

MST MALNUTRITION Screen Score

- Not at Risk (= 0 to 1)
- At Risk (2 or more)

FOOD INSECURE?

- YES (Refer to Options Counselor or Elderly Benefit Specialist)
- NO

Recorded the MST Score and Food Insecurity Response in SAMS Special Use Fields.

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