MILWAUKEE COUNTY SENIOR DINING

CARRYOUT REGISTRATION

☐ NEW ☐ Annual Renewal Site: MCHC Date

Last Name	First Name	Middle	Suffix JR SR I II III

Address	City	State	Zip Code

Birthdate mm/dd/yyyy	Age	Gender	Phone	Email

Marital Status
- ☐ Single
- ☐ Married
- ☐ Partnered
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Other

Military/Veteran? ☐ No ☐ Yes

Household
- ☐ Lives Alone
- ☐ Lives in LTC Facility
- ☐ Lives with Others
- ☐ Unhoused/Unstable housing
- ☐ Unknown
- ☐ Other

Preferred Language
- ☐ English
- ☐ Hmong
- ☐ Spanish
- ☐ Other:

Ethnicity
- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Race
- ☐ American Indian/Alaskan Native
- ☐ Asian or Asian American
- ☐ Black/African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Other:

$ 2026 INCOME

For **one-person household**, income is below **$1,330/month** *($15,960 annually)* ☐ No ☐ Yes

For **two-person household**, income is below **$1,803/month** *($21,640 annually)* ☐ No ☐ Yes

FUNCTIONAL SCREEN

✓ *Select if client needs substantial assistance, verbal reminders, physical prompts or supervision. If none, enter 0 for Total*

Activities of Daily Living (ADL's)

- ☐ **Bathing**: Gets in/out of Bath/Shower; Safely washes/dries self
- ☐ **Dressing**: Dresses & undresses safely
- ☐ **Toileting**: Uses toilet & cleans self
- ☐ **Transferring**: Moves in and out of bed or chair
- ☐ **Feeding**: Uses utensils & eats independently
- ☐ **Continence**: Exercises complete self-control

☐ **ADL TOTAL**

Instrumental Activities of Daily Living (IADLs)

- ☐ Plans, prepares & eats adequate meals independently
- ☐ Takes care of shopping needs independently
- ☐ Takes medications in correct dosages at proper times
- ☐ Handles financial matters & day-to-day purchases
- ☐ Participates in housekeeping tasks
- ☐ Launders items independently
- ☐ Travels unassisted via personal vehicle, bus, taxi
- ☐ Dials and answers the telephone

☐ **IADL TOTAL**

NUTRITION SCREEN

Circle the corresponding number

		No	Yes
1	A condition or illness changes the kind/amount of food I eat	0	2
2	Eats fewer than 2 meals each day	0	3
3	Eats few fruits, vegetables or milk products	0	2
4	Has 3+ drinks of beer, wine or liquor almost every day	0	2
5	Tooth or mouth problems make it hard to eat	0	2
6	Doesn't always have enough money to buy the food I need	0	4
7	Eats alone most of the time	0	1
8	Takes 3+ prescribed/over-the-counter medications a day	0	1
9	Has lost/gained 10 pounds in last 6 months *(not on purpose)*	0	2
10	Not always physically able to shop, cook or feed self	0	2

Scale: 0-2 = Low 3-5 = Moderate 6+ = High **Total Nutrition Risk** ☐

How did you hear about us?
- ☐ Friend/Family
- ☐ Facebook
- ☐ Health Provider
- ☐ Newspaper
- ☐ Internet Search
- ☐ Radio/TV
- ☐ US Mail
- ☐ Church
- ☐ Senior Center
- ☐ Other

Under 60?

What makes you eligible?

→ *If under 60 Select One:*
- ☐ Dedicated Dining Volunteer
- ☐ Spouse of Active Diner
- ☐ Adult w/Disability lives & dines w/Active Diner

OFFICE USE
- ☐ Received_____
- ☐ Diner Card
- ☐ Diner Handbook
- Data Entry_____
- STAFF_____

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 and state 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 sold or shared with another agency without your permission. You have the right to review your record and request changes to ensure 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 office staff.

Effective: 9.10.26