



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

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

☐ ADL TOTAL☐ 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: 9.15.26

MILWAUKEE COUNTY SENIOR DINING

CARRYOUT REGISTRATION *(continued)*

Food Access → 2 Questions:

For each statement, indicate if *Often True*, *Sometimes True* or *Never True* for you in the last 12 months.

1 "I worried whether my food would run out before I got money to buy more."

- ☐ Often True *
- ☐ Sometimes True *
- ☐ Never True

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

- ☐ Often True *
- ☐ Sometimes True *
- ☐ Never True

Weight Loss and Appetite → 2 Questions:

1 Have you recently lost weight without trying?

- ☐ No Score = 0
- ☐ Not Sure Score = 2
- ☐ Yes →

If YES, how much weight have you lost?

☐	2-13 pounds	Score	1
☐	14-23 pounds	Score	2
☐	24-33 pounds	Score	3
☐	34 pounds or more	Score	4
☐	Unsure	Score	2

WEIGHT LOSS Score =

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

- ☐ No
- ☐ Yes

No	Score	0
Yes	Score	1

APPETITE Score =

Weight Loss Score

+

Appetite Score

→

TOTAL MST Score

=

☐ OK to refer to Dietitian for Follow-Up?

FOR OFFICE USE:

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?

Response of *Often True* or *Sometimes True* to either question = Food Insecure.

- ☐ NO ☐ YES

Next Steps:

- ☐ Refer to Dietitian
- ☐ EBS to complete Foodshare Application
- ☐ Provide food pantries & community meals info

☐ Recorded the MST Score and Food Insecurity Response in Peer Place.

