



MILWAUKEE COUNTY SENIOR DINING REGISTRATION

MILWAUKEE COUNTY
Department on Aging

NEW ANNUAL REVIEW SITE: _____ DATE: _____

LAST NAME:		MI:	FIRST NAME:		SUFFIX: JR SR I II III
ADDRESS:			CITY:	STATE:	ZIP:
BIRTHDATE:		PHONE:		EMAIL:	
MARITAL STATUS:		GENDER:	RACE:		ETHNICITY:
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<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 (Non-Hispanic, Non-Minority) <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Other _____		<input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NOT HISPANIC / LATINO
				DO YOU LIVE ALONE?	
				<input type="checkbox"/> NO <input type="checkbox"/> YES	
				MILITARY/VETERAN?	
				<input type="checkbox"/> NO <input type="checkbox"/> YES	

2020-2021 INCOME LEVEL: (Your response will not impact your eligibility)
 For **one-person** household: is your income below **\$1,063/month (\$12,760 annually)**? NO YES
 For **two-person** household: is your income below **\$1,436/month (\$17,240 annually)**? NO YES

FUNCTIONAL SCREEN	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)
	<input type="checkbox"/> Trouble Preparing My Own Meals <input type="checkbox"/> Trouble w/Medication Management <input type="checkbox"/> Trouble Handling Bill Paying, Banking, etc. <input type="checkbox"/> Trouble w/Heavy Housework, Outdoor Chores <input type="checkbox"/> Trouble w/Light Housework <input type="checkbox"/> Trouble Shopping for Groceries or Personal Items <input type="checkbox"/> Trouble Traveling in Car, Van, Taxi or Bus <input type="checkbox"/> Trouble w/Telephone Usage; Making & Receiving Calls
ACTIVITIES OF DAILY LIVING (ADL)	
<input type="checkbox"/> Trouble w/Bath Prep; Getting in/out of Bath/Shower; Washing/Drying <input type="checkbox"/> Trouble Dressing & Undressing <input type="checkbox"/> Trouble Completing Toilet Activities & Personal Care <input type="checkbox"/> Trouble Getting In & Out of Bed or Chair <input type="checkbox"/> Trouble Using Utensils & Eating Without Help <input type="checkbox"/> Trouble walking Up & Down Stairs or Walking without Assistance	
ADL TOTAL	IADL TOTAL

NUTRITION SCREEN		YES	UNDER 60? Which Makes you Eligible? <input type="checkbox"/> Active Volunteer <input type="checkbox"/> Spouse of Active Diner <input type="checkbox"/> Disabled, Live in Dining Site <input type="checkbox"/> Disabled, Live with Active Diner HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Health Provider <input type="checkbox"/> Church <input type="checkbox"/> Internet Search <input type="checkbox"/> Menu in Paper <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____	FOR OFFICE USE NUTRITION RISK LEVEL 0-2 LOW 3-5 MODERATE 6+ HIGH TOTAL: _____ DINER CARD? _____ DINER HANDBOOK? _____ SAMS ENTRY DATE: _____ STAFF: _____
1	An illness or condition changes the kind and/or amount of food I eat.	2		
2	I eat fewer than 2 meals a day.	3		
3	I eat few fruits, vegetables or dairy products.	2		
4	I have 3 or more drinks of beer, wine or liquor almost every day.	2		
5	Tooth or Mouth problems make it hard to eat.	2		
6	I don't always have enough money to buy the food I need.	4		
7	I eat alone most of the time	1		
8	I take 3 or more prescribed or over-the-counter drugs.	1		
9	Without wanting to, I lost or gained 10 pounds in the last 6 months.	2		
10	I'm not always able to shop, cook or feed myself.	2		

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.

EFFECTIVE: OCTOBER 1, 2020