

Cattaraugus County Department of the Aging/NY Connects
Congregate Dining Registration Form 2.0 (Updated 9/24)

Welcome to the dining program. We use federal, state and local money to pay for these meals and activities. In turn, we are asked to collect some information about those of you who dine with us. We use that information to serve you better, create new programs, and make our meals healthier.

Completed on: _____

Congregate site: _____

First Name

Last name

Middle Initial

Home Telephone Number

Date of Birth

Special Communication Needs (Select one or more)

- Can't read English
- Can't speak English
- Can't understand English
- Hearing Impaired
- Mentally Impaired
- Sight Impaired
- Speech Impaired

Race

- American Indian/Native Alaskan
- Asian
- Black/African American
- Hispanic
- Native Hawaiian/Other Pacific Islander
- Non-Minority (White, non-Hispanic)
- Other
- Two or More Races
- Unknown
- White - Hispanic

Gender

- Female Male

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

Monthly Household Income of 1 below \$1,396 or
Monthly Household Income of 2 below \$1,888

- No Yes

- Congregate dining
- Grab and Go
- Both

Monthly Household Income of 1 below \$3,035 or
Monthly Household Income of 2 below \$3,970

- No Yes

Living Arrangement

- Lives alone
- Lives with spouse only
- Lives with other family members**
- Lives with others; non-relatives**
- Lives with spouse and others**

**Number of people in household: _____

Marital Status

- Widowed Single
- Married Separated
- Divorced

Mailing Street Address or Post Office Box

Mailing Street Address

City or Town

State

Zip Code

Residential Address (if different)

Residential Street Address

City or Town

County

State

Zip Code

Emergency Information

Name of Your Primary Care Physician

Doctor's Work Phone

Emergency Contact (other than Spouse/Partner)

Emergency Contact Home Telephone Number

Work Telephone Number of Emergency Contact

Emergency Contact Address

Are You: Check all that apply

Are you an under 60 age spouse?

 No Yes

Are you a veteran?

 No Spouse Yes

Are you frail?

 No Yes

Are you disabled?

 No Yes**Nutrition Status: Please answer ALL questions**

Has illness or a condition made you change the kind and/or amount of food eaten?

 No Yes

Do you eat fewer than 2 meals per day?

 No Yes

Do you eat few (less than 5) vegetables or fruits, or milk products per day?

 No Yes

Do you have 3 or more drinks of beer, liquor or wine almost every day?

 No Yes

Do you have tooth or mouth problems that make it hard to eat?

 No Yes

Do you sometimes have problems buying food because of income?

 No Yes

Do you eat alone most of the time?

 No Yes

Do you take 3 or more different prescribed or over-the-counter drugs per day?

 No Yes

Without wanting to, have you lost or gained 10 pounds in the past 6 months?

 No Yes

Are you not always physically able to shop, cook and/or feed yourself (or to get someone to assist you)?

 No Yes

What is the client's nutritional risk score?

Nutrition BMI

Your height in inches?

Your weight?

Would you like to speak to a registered dietitian for nutrition counseling?

 No Yes

I consent to the Cattaraugus County Department of the Aging saving personal information provided by me or my authorized representative in the HIPAA-secure NYS Client Data System and/or the Blooming Health notification platform maintained by the NYS Office for the Aging (NYSOFA).

Communications from the Department of the Aging may be conducted through the Blooming Health platform. Please indicate if you do **not** wish to receive communications through Blooming Health.

_____ I wish to opt out of Blooming Health communications.
(initials)