



Date: _____
 Updated: _____
 Staff Initials: _____

**MAUMEE SENIOR CENTER
 SERVICES REGISTRATION FORM
 FOR HEALTHY AGING GRANT**

OFFICE USE ONLY
 ___SAMs ___Social Services
 ___Nutrition ___Membership ___Transport.

| | | | | |
|------------|-------------|-------|------|---------|
| Last Name: | First Name: | MI: | DOB: | Gender: |
| Address: | | City: | | ZIP: |
| Phone #: | Email: | | | |

If there is a health emergency, I am willing to have the necessary medical info shared with medical personnel.

I do hereby authorize the Maumee Senior Center to use my photograph for publicity or other purposes as they see fit. I sometimes am afraid I will not be able to pay my rent/mortgage? Yes or No

Emergency Contact: _____ Relationship: ()Widowed ()Divorced ()Married ()Single ()Partner Other _____

Address: _____ City & State: _____

Relationship: _____ Phone #1/ #2: _____ Email: _____

Primary Physician: _____ Telephone: _____ DNR Order: () Yes () No () On File

| | | | |
|---|--|----------------|---|
| Race: () <i>Refused</i> () African-American () White () Other () Hispanic () Asian/Pacific Islander () Native | Is your income \$3765/month or less? () Yes () No () Refused | # in Household | Do you have any disabling conditions? () Yes () No |
|---|--|----------------|---|

| Determine Your Own Nutritional Health Checklist - Form ODA0010 | | YES | NO |
|--|---|-----|----|
| 1. I have an illness or condition that made me change the kind and/or amount of food I eat. | 2 | 0 | |
| 2. I eat fewer than two meals per day. | 3 | 0 | |
| 3. I eat few fruits or vegetables, or milk products. | 2 | 0 | |
| 4. I have three or more drinks of beer, liquor or wine almost every day. | 2 | 0 | |
| 5. I have tooth or mouth problems that make it hard for me to eat. | 2 | 0 | |
| 6. I don't always have enough money to buy the food I need. | 4 | 0 | |
| 7. I eat alone most of the time. | 1 | 0 | |
| 8. I take three or more different prescribed or over-the-counter drugs a day. | 1 | 0 | |
| 9. Without wanting to, I have lost or gained 10 pounds in the last six months. | 2 | 0 | |
| 10. I am not always physically able to shop, cook and/or feed myself. | 2 | 0 | |
| Total Score Today: (Add ALL circled answers. If your score is 6 or above, a staff person will contact you to discuss resources) | | | |

| | | | |
|---------------------|---|--------------------|--------------------------------------|
| Diabetic: Yes or No | Employed? Yes/No Retired? Yes/No Unemployed? Yes/No | Veteran? Yes or No | Receiving Social Security? Yes or No |
|---------------------|---|--------------------|--------------------------------------|

