

Client Intake Form

First Name	MI	Last Name	Birthdate	Home Phone
				()
Residential Address	City	Zip	Cell Phone	
			()	
Mailing Address	City	Zip	Rural	
			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Genderqueer/Gender Non-Binary <input type="checkbox"/> Declined to State <input type="checkbox"/> Not listed, please specify _____			
Sex at Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Declined to State			
Sexual Orientation	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Declined to State <input type="checkbox"/> Not listed, please specify _____			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single (never married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Declined to State			
Race	Ethnicity		2019 Federal Low Income Guidelines	
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other Race <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Declined to State <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined		1 person < \$1,040/mo. 2 people < \$1,409/mo.	
	Live Alone?	Low Income?	Last 4 Digits Social Security	
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State	
Nutrition Risk Assessment			Rural	
I have an illness or condition that made me change the kind and/or amount of food I eat.			Circle if Yes	
I eat fewer than 2 meals per day.			2	
I eat few fruits or vegetables or milk products.			3	
I have 3 or more drinks of beer, liquor or wine almost every day.			2	
I have tooth or mouth problems that make it hard for me to eat.			2	
I don't always have enough money to buy the food I need.			4	
I eat alone most of the time.			1	
I take 3 or more different prescribed or over-the-counter drugs a day.			1	
Without wanting to, I have lost or gained 10 pounds in the last 6 months.			2	
I am not always physically able to shop, cook and/or feed myself.			2	
Decline to State (check box) <input type="checkbox"/>				
			Total Score	

Staff Use



Staff Use Only Below

Nutrition High Risk Score (6 or higher)	Yes/No
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Congregate Eligibility (*check one*)

Participant

Age 60 or over

Alternate Eligibility (Any age, living with an eligible participant)

Spouse Disabled Name of participant: _____

HDM Eligibility (*check one*)

Participant

Age 60 or over Unable to consistently shop for and/or prepare nutritious meals
 Homebound by reason of illness, disability, or isolation

Alternate Eligibility (Any age, living with an eligible participant)

Spouse Disabled Name of participant: _____

Receipt of HDM's is in best interest of participant

Emergency Contact Information (optional)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Doctor:	City:	Phone:

Notes