

MISSOULA AGING SERVICES CONGREGATE ONLINE FORM

COUNT ME IN! BY SHARING THIS INFORMATION WITH US, WE CAN COUNT YOU AS RECEIVING MEALS THROUGH THE CONGREGATE MEAL PROGRAM. THAT COUNT HELPS US MAINTAIN FUNDING!

DATE:	____/____/____	LAST NAME:		FIRST NAME:	
ADDRESS:					
CITY:		COUNTY:		ZIP CODE:	
BIRTHDATE:	____/____/____	PHONE:	(____)-____-____		
DATA ENTRY CHECKLIST(OFFICE USE ONLY): <input type="checkbox"/> MASTS <input type="checkbox"/> Other: _____					

**THANK YOU FOR BEING COMPLETE!
THIS INFORMATION WILL HELP US KEEP PROVIDING MEALS TO MONTANA'S ELDERS!**

Race & Ethnicity: Race: White Native Am. Hispanic African Am. Hmong Asian Belarusian Other
 Ethnicity: Hispanic/Latino Not Hispanic/Latino

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse over 60: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please check number that best represents your monthly household income: under \$908 under \$1,135
 under \$1,226 under \$1,362 under \$1,453 under \$1,589 under \$1,725 under \$1,816 over \$1,816
 Number in household: _____

Caregiver in home? Yes No If YES, Caregiver relationship (son, daughter, husband, wife etc.) _____

Contact Person: _____ Relationship: _____
 Phone: home: (____)-____-____ cell: (____)-____-____
 Address: _____

Please circle "YES" or "NO" for the appropriate response to these questions:		
I have an illness that affects the kind and/or amount of food I eat	Yes 2	No
I eat less than 2 meals per day	Yes 3	No
I eat less than 3 servings of fruits or vegetables a day	Yes 2	No
I eat or drink less than 3 servings of dairy products a day	Yes 2	No
I drink less than 5 cups (8 oz each) of fluid a day	Yes 2	No
I have 3 or more alcohol drinks almost every day	Yes 2	No
I have tooth or mouth problems that make it hard for me to eat	Yes 2	No
I don't always have enough money to buy the food I need	Yes 4	No
I eat alone most of the time, or have few opportunities to socialize.	Yes 1	No
I take 3 or more different prescribed or over-the-counter drugs a day	Yes 1	No
Without wanting to, I have lost or gained 10 pounds in the last 6 months	Yes 2	No
I am not always physically able to shop, cook and/or feed myself	Yes 2	No