MISSOULA AGING SERVICES SUPPLEMENT PROGRAM INTAKE FORM

The information you provide by completing this form is kept confidential. Your participation helps the Supplement Program stay funded and operating, allowing us to offer Ensure products at a reduced cost to qualified Missoula County residents.

DATE:	LAST NAME:	FIRST NAME:

Mailing FULL Address including City, State & Zip:

FULL Physical Address (if different):

Phone # (include area code):	Birthdate (MM/DD/YYYY):

Race: ☐White ☐Native Am. ☐Hispanic ☐African Am. ☐Hmong ☐Asian ☐Belarusian ☐Other

Ethnicity: ☐Hispanic/Latino ☐Not Hispanic/Latino

Gender: ☐Female ☐Male	Veteran: ☐Yes ☐No	Disabled: ☐Yes ☐No ☐ Check box if you are receiving Hospice Care

Please check the range that best represents your monthly household income:

For a household of one: ☐$931 or below ☐$932 – $1862 ☐$1863 or above

For a household of two: ☐$1261 or below ☐$1262 – 1862 ☐$1863 or above

Contact Information (If different from above):

Contact Name (first/last): Mailing address/City/ST/ZIP	Relationship: Phone number (include Area Code)

*Please indicate type and flavor of Ensure product wanted (i.e. Ensure Plus, Glucerna, etc.):

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

DATA ENTRY COMPLETED (OFFICE USE ONLY): ☐MASTS ☐NUTR DB DATE & INITIAL: