

Missoula Aging Services Community Table Intake

 New

 Annual Update

Date: _____ Site: _____

Completion of this form does not equate to eligibility. The data collected on this form supplies funding for aging programs in Montana communities. Information will be kept confidential, and you will receive services regardless of your answers.

First Name: _____ Last Name: _____ DOB: ____/____/____

Street Address: _____ City: _____ State: _____ Zip: _____

 Mailing Address (if different): _____ Male Female

 Phone: _____ Email: _____ I prefer contact by phone

 Emergency Contact: _____ by email

Name: _____ Phone: _____ Relationship: _____

<p>Race: (May choose more than one)</p> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <p>Veteran:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Ethnicity:</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <p>Marital Status:</p> <input type="checkbox"/> Married <input type="checkbox"/> Divorced/ Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<p>I am under 60 but believe I may be eligible for lunch because (check all that apply):</p> <input type="checkbox"/> My spouse is over age 60. <input type="checkbox"/> I am the primary caregiver for a person over age 60. <input type="checkbox"/> I am disabled and living with with an eligible person over age 60. <p>Number of congregate meals you feel you can use in a month:</p> <p style="text-align: center;">16 ___ 12 ___ 8 ___ 4 ___</p>	<p>Income Level:</p> <input type="checkbox"/> At or below poverty <input type="checkbox"/> Above poverty <p>Federal Poverty Guidelines:</p> <p>Household of 1 = \$15,650 Household of 2 = \$21,150 Household of 3 = \$26,650 Household of 4 = \$32,150 Household of 5 = \$37,650</p>
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<p>Activities of Daily Living <i>I sometimes need help with the following:</i></p> <input type="checkbox"/> Eating <input type="checkbox"/> Dressing <input type="checkbox"/> Transferring <input type="checkbox"/> Bathing <input type="checkbox"/> Walking <input type="checkbox"/> Toileting <input type="checkbox"/> None	<p>Instrumental Activities of Daily Living <i>I sometimes need help with the following:</i></p> <input type="checkbox"/> Meal prep <input type="checkbox"/> Phone use <input type="checkbox"/> Money Management <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Medication Management <input type="checkbox"/> Housework <input type="checkbox"/> None
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Nutrition Risk Assessment

	Yes	No
I have an illness/condition that affects the kind and/or amount of food I eat		
I eat less than 2 meals per day		
I eat less than 3 fruits and vegetables a day		
I consume few dairy products (such as milk, yogurt, cheese) a day		
I drink less than 5 cups of fluids (such as water, juice, tea) a day		
I have 3 or more drinks of beer, wine, or liquor almost every day		
I have teeth 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		
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		

 (Office Use Only) Data Entry Completed: Capstone ServTracker/CXM

Social Screening

1. In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?

- | | |
|---|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> At least once a month |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> A few times a year |
| <input type="checkbox"/> A few times a month | <input type="checkbox"/> Hardly ever or never |

2. How often do you get together with friends or relatives?

- | | |
|---|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> At least once a month |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> A few times a year |
| <input type="checkbox"/> A few times a month | <input type="checkbox"/> Hardly ever or never |

3. How often do you attend church or religious services?

- | | |
|---|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> At least once a month |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> A few times a year |
| <input type="checkbox"/> A few times a month | <input type="checkbox"/> Hardly ever or never |

4. How often do you attend meetings of the clubs or organizations you belong to?

- | | |
|---|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> At least once a month |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> A few times a year |
| <input type="checkbox"/> A few times a month | <input type="checkbox"/> Hardly ever or never |

5. How often do you feel that you lack companionship?

- Hardly ever
- Some of the time
- Often

6. How often do you feel left out?

- Hardly ever
- Some of the time
- Often

7. How often do you feel isolated from others?

- Hardly ever
- Some of the time
- Often