

NAPIS CLIENT REGISTRATION FORM 2023

Confidential

Area Agency on Aging of Western Michigan

Form Date: _____

AGENCY NAME:		Meal Site:			
Participant Last Name		Participant First Name		Mid Initial	Area Code
Participant Address/Apt#		City	State	Zip	County
			MI		
Participant Date of Birth:		Lives Alone: Yes <input type="checkbox"/> No <input type="checkbox"/>		Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> No Response/unknown <input type="checkbox"/>					
Do you consider yourself to be transgender or gender non-conforming? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Sexual Orientation: Straight/Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Other <input type="checkbox"/> No response/Unknown <input type="checkbox"/>					
Emergency contact name and phone number:			Participant Speaks English:		
			<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not At All		
Participant Speaks Other Language in Home? Yes <input type="checkbox"/> No <input type="checkbox"/>			If so, what language is primary? (Check below)		
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Navajo	<input type="checkbox"/> Other Native Am	<input type="checkbox"/> Russian	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hindi	<input type="checkbox"/> Other African	<input type="checkbox"/> Other Pacific Island	<input type="checkbox"/> Spanish	
<input type="checkbox"/> French	<input type="checkbox"/> Italian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Slavic	<input type="checkbox"/> Tagalog	
<input type="checkbox"/> German	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Indic	<input type="checkbox"/> Persian	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Hausa	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Indo-European	<input type="checkbox"/> Polish	<input type="checkbox"/> Other	
Household Size? (if the answer to Lives Alone is "No" this must be completed)			RACE: White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		
<input type="checkbox"/> 2 people <input type="checkbox"/> 3 people <input type="checkbox"/> 4 or more people			AmIndian/Eskimo/Aleut <input type="checkbox"/> Hawaiian/Pac Islander <input type="checkbox"/>		
			Hispanic? Yes <input type="checkbox"/> No <input type="checkbox"/> Multi-Racial? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is annual income below the poverty level? Yes <input type="checkbox"/> No <input type="checkbox"/> \$13,590 (household of 1) \$18,310 (household of 2)					

Nutrition Risk (Congregate only - Circle those that apply)	Score
I have an illness or condition that made me change the kind and/or amount of food I eat	2
I eat fewer than two meals a day	3
I eat few fruits or vegetables or milk products	2
I have three (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 three (3) or more different prescribed or over the counter drugs a day	1
Without wanting to, I have lost or gained ten (10) pounds in the last six (6) months	2
I am not always physically able to shop, cook, and/or feed myself	2
Scoring: 0-2 = Low Risk, 3-5 = Moderate Risk, 6+ = High Nutritional Risk	
TOTAL	

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

STAFF USE Registration Type (All of these clients qualify at the donation rate)

- Over 60 Under 60 Volunteer Under 60 Spouse, Disabled Family Member Living in Same House, or Unpaid Caregiver Under 60 Disabled living in senior housing where a meal site is located