Senior Nutrition Program CONGREGATE Meals (C1) – Client Intake Form FY2019-2020

CONFIDENTIAL

PROVIDER LOCATION: _____

TO PARTICIPATE IN CONGREGATE MEALS: Person must be aged 60 or older. There is no charge for meals; however, donations are accepted. A person will not be denied services if that individual chooses not to donate.

Date:		**Phone:**		**Birth Date:** *(Required)*	
Last Name:		**First Name:** *(No nicknames)*			
Street Address:		**City:**		**ZIP:**	

Local Emergency Contact *(Name/Phone)*

Contact Name: Phone:

Rural: (91307, 93066, 93040) ☐ Yes ☐ No ☐ Decline to State

RACE – PLEASE CHOOSE (X) ONE:

☐ American Indian or Alaska Native
☐ Asian Indian
☐ Black or African American
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Guamanian
☐ Hawaiian
☐ Japanese
☐ Korean
☐ Laotian
☐ Multiple Race
☐ Other Asian
☐ Other Pacific Islander
☐ Other Race
☐ Samoan
☐ Vietnamese
☐ White
☐ Decline to State

Ethnicity:

☐ Not Hispanic/ Latino
☐ Hispanic/ Latino
☐ Decline to State

MARITAL STATUS: ☐ Divorced ☐ Domestic Partner ☐ Married ☐ Separated ☐ Single ☐ Widowed ☐ Decline to State

Veteran Status: ☐ Yes ☐ No **Preferred Language:**

Client Lives: ☐ Alone ☐ Not Alone ☐ Decline to State **Number of Persons Living in Household:**

Applicant's Income Level (approximate):

IF MARRIED:
☐ At or below Federal Poverty Level *($16,910/year or less)*
☐ Above Federal Poverty Level *($16,911/year or more)*
☐ Decline to State

IF SINGLE:
☐ At or below Federal Poverty Level *($12,490/year or less)*
☐ Above Federal Poverty Level *($12,491/year or more)*
☐ Decline to State

The Gay Bisexual and Transgender Disparities Reduction Act of 2016 (AB 959)

The State of CA requires that we ask you some demographic questions followed by three questions under the new CA State AB 959 Law, the Gay, Bisexual and Transgender Disparities Reduction Act of 2016. VCAAA values your privacy and you have the option to decline to state.

What was your sex at birth? ☐ Female ☐ Male ☐ Decline to State

What is your Gender? ☐ Female ☐ Male ☐ Transgender Female to Male ☐ Transgender Male to Female ☐ Genderqueer/Gender Non-binary ☐ Decline to State ☐ Not listed, please specify: _____

How do you describe your sexual orientation or sexual identity? ☐ Straight/Heterosexual ☐ Bisexual ☐ Gay/Lesbian/Same-Gender Loving ☐ Questioning/Unsure ☐ Decline to State ☐ Not listed, please specify: _____

Nutritional Assessment of Applicant:		**Check All That Apply:**
I have an illness or condition that made me change the kind and/or amount of food I eat.	(2pts)	☐
I eat fewer than 2 meals per day.	(3pts)	☐
I eat few fruits or vegetables or milk products.	(2pts)	☐
I have 3 or more drinks of beer, liquor or wine almost every day.	(2pts)	☐
I have tooth or mouth problems that make it hard for me to eat.	(2pts)	☐
I don't always have enough money to buy the food I need.	(4pts)	☐
I eat alone most of the time.	(1pt)	☐
I take 3 or more different prescribed or over-the-counter drugs a day.	(1pt)	☐
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	(2pts)	☐
I am not always physically able to shop, cook and/or feed myself.	(2pts)	☐
	Decline to State:	☐
(If equal to or greater than 6, the client is at high nutritional risk→)	**Total Score:**	

I certify that all statements on this form are true and correct. _____ Applicant's Signature

DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY

Client Q Database/Unique Participant ID Number:

Reviewed by: ☐ Staff ☐ Volunteer

☐ Senior ☐ Spouse ☐ Volunteer ☐ Private Pay ☐ Non-Senior Disabled with Senior

CONSENT TO REMOVE MEALS

Ventura County Area Agency on Aging in partnership with cities in Ventura County provides hot, nutritious lunches at congregate meal sites to seniors age 60 and over. Meals are available in most cities Monday through Friday. In the event you would like to take a meal home, or any portion of a meal home, you are accepting all responsibility for the food. Please sign below to release any and all liability.

The undersigned_____ desires to remove a frozen and/or
(Participant's Name)
take home the remainder of his/her lunch. In doing so, he/she accepts full responsibility for this food. In consideration for agreeing to surrender this food, the participant or his/her authorized agent agrees to release VCAAA, Senior Nutrition Program, the volunteers, directors, officers, agents and employees from any consequences. The participant acknowledges that he/she has been advised that hot food items held below 140°F for longer than 2 hours must be discarded, and frozen meals should remain frozen at all times and be placed in the refrigerator or freezer immediately.

_____ _____
Participant's Signature Date

_____ _____
Family Member/Guardian/Caregiver Signature Date