

Senior Nutrition Program CONGREGATE Meals (C1) – Client Intake Form FY2024-2025

**THIS INFORMATION IS STRICTLY CONFIDENTIAL.**

<b>TO RECEIVE CONGREGATE MEALS:</b> Person must be aged 60 or older, spouse of congregate meal participant, disabled person residing where the congregate site is located, or disabled person who resides with and accompanies a congregate meal participant. There is no charge for meals; however, voluntary contributions are accepted. A person will not be denied services if that individual chooses not to contribute.					
Provider Location:			Date:		
Preferred Language:			Birthdate (Required):		
Last Name:		First Name (No Nicknames):			
<b>ADDRESS &amp; CONTACT INFORMATION</b>					
Address:		City:		Zip:	
Phone:		Email:			
Local Emergency Contact Name:				# of Persons in Household:	
Lives Alone?		Lives in Rural Area?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State <input type="checkbox"/> Missing		(91307, 93066, 93040)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State <input type="checkbox"/> Missing	
					<b>APPLICANT SIGNATURE:</b>
I understand that the information I am providing on this form is for registration purposes. I understand it will be kept confidential and that the Area Agency on Aging and service providers may use it to help identify other services for which I may benefit.					

*These are used to ensure that services are distributed equitably and do NOT affect eligibility.*

<b>DEMOGRAPHIC INFORMATION</b>						<input type="checkbox"/> DECLINE TO STATE <input type="checkbox"/> MISSING
What is your marital status?		<input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
		<input type="checkbox"/> Decline to State <input type="checkbox"/> Missing				
What is your approximate annual income?		IF single	<input type="checkbox"/> \$15,060 or less	At or below Federal Poverty Level	<input type="checkbox"/> \$15,061 or more	Above Federal Poverty Level
		IF married	<input type="checkbox"/> \$20,440 or less		<input type="checkbox"/> \$20,441 or more	
Do you think of yourself as:		What sex were you assigned at birth?		Do you think of yourself as:		
<input type="checkbox"/> Nonbinary Genderqueer <input type="checkbox"/> Female		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex		<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Don't know		
<input type="checkbox"/> Male <input type="checkbox"/> Trans male <input type="checkbox"/> Trans female		<input type="checkbox"/> Other; please specify:		<input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Queer, pansexual, questioning		
<input type="checkbox"/> Other; please specify:		<input type="checkbox"/> Decline to answer <input type="checkbox"/> Missing		<input type="checkbox"/> Something else; please specify:		
<input type="checkbox"/> Decline to answer <input type="checkbox"/> Missing				<input type="checkbox"/> Decline to answer <input type="checkbox"/> Missing		
How do you identify your ethnicity?		How do you identify your race(s)?				<input type="checkbox"/> Decline to State <input type="checkbox"/> Missing
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian				<input type="checkbox"/> Chinese <input type="checkbox"/> Hmong <input type="checkbox"/> Samoa <input type="checkbox"/> Other Asian
<input type="checkbox"/> Not Hispanic/Latino		<input type="checkbox"/> Black or African American				<input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Decline to Answer		<input type="checkbox"/> Cambodian				<input type="checkbox"/> Guamanian <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese
<input type="checkbox"/> Missing		<input type="checkbox"/> Hawaiian <input type="checkbox"/> Laotian <input type="checkbox"/> White				
Have you ever served in the United States military?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you consent to this agency and the California Department of Aging transmitting your name, email address, and telephone number to the Department of Veterans Affairs, only for the purpose of receiving additional information on veterans benefits for which you may be eligible? Contact the California Department of Veterans Affairs (CalVet) to determine eligibility for services and supports at <a href="http://www.calvet.ca.gov">www.calvet.ca.gov</a> or 1-800-952-5626.					<input type="checkbox"/> I decline my consent. <input type="checkbox"/> I consent. I understand that this is valid for 12 months.	

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

DO NOT WRITE IN THIS BOX – OFFICIAL USE ONLY	
Q Database/Unique Participant ID Number:	<input type="checkbox"/> Senior Spouse <input type="checkbox"/> Non-Senior <input type="checkbox"/> Disabled
Reviewed by: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer	Type of Meals: <input type="checkbox"/> Hot <input type="checkbox"/> Frozen

## CONSENT TO REMOVE MEALS

Ventura County Human Services Agency, 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