

**Senior Nutrition Program HOME-DELIVERED Meals (C2) – Client Intake Form FY2024-2025**

**THIS INFORMATION IS STRICTLY CONFIDENTIAL.**

TO RECEIVE HOME DELIVERED MEALS: Applicant must be aged 60 or older, homebound due to illness or disability, unable to prepare meals, to drive, or to attend a congregate meal site if transportation were provided. There is no charge for meals; however, voluntary contributions are accepted. A person will <b>not</b> be denied services if that individual chooses not to contribute.			
Provider Location:		Date:	
Preferred Language:		Birthdate (Required):	
Last Name:		First Name (No Nicknames):	
<b>APPLICANT ELIGIBILITY</b>			YES NO
(a) Is applicant frail and homebound by reason of illness, disability, or isolation?			<input type="checkbox"/> <input type="checkbox"/>
(b) Are you a spouse of (a) who is frail, and homebound by reason of illness, disability, or isolation and it is in their best interest that you also receive a meal? Name of person (a) _____.			<input type="checkbox"/> <input type="checkbox"/>
(c) Are you an individual with a disability who resides with (a) and it is in their best interest that you also receive a meal? Name of person (a) _____.			<input type="checkbox"/> <input type="checkbox"/>
<b>NOTE: If the answer is YES to any of the questions above, applicant is eligible for home-delivered meals.</b>			
<b>ADDRESS &amp; CONTACT INFORMATION</b>			
Address:		City:	Zip:
Phone:		Email:	
Local Emergency Contact Name:		# of Persons in Household:	
Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State <input type="checkbox"/> Missing	Lives in Rural Area? (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"/> Male <input type="checkbox"/> Trans male <input type="checkbox"/> Trans female <input type="checkbox"/> Other; please specify: <input type="checkbox"/> Decline to answer <input type="checkbox"/> Missing	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Other; please specify: <input type="checkbox"/> Decline to answer <input type="checkbox"/> Missing		<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Don't know <input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Queer, pansexual, questioning <input type="checkbox"/> Something else; please specify: <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"/> Not Hispanic/Latino <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Missing	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Samoa <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Vietnamese <input type="checkbox"/> White					



IADLS

Light Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping or Errands	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Meal Prep and Cleanup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Using the Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Managing Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Heavy Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<i>Reviewed by:</i> <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer	<i>Type of Meals:</i> <input type="checkbox"/> Hot <input type="checkbox"/> Frozen