

NAPIS Form National Aging Persons Information System

CLIENT REGISTRATION Date:

Congregate Meals / Transportation / Supportive Services / Recreation

First Name MI Last Name

Address City State Zip Code

() _____ Gender:

Telephone Num. Birth date (month/day/year) [] Female

[] Male

Social Security Number County City / Township

(Last 4 digits only)

Household Monthly Income [] Refused income information.

Race:

[] Refused/Unknown Ethnic Origin:

[] American Indian or Alaskan Native [] Hispanic or Latino

[] Asian [] Not Hispanic or Latino

[] Black or African American [] Cambodian

[] Native Hawaiian or other Pacific Islander [] Former Soviet Union

[] White [] Vietnamese

[] Other Race [] None of the above

[] Two or more Races

Marital Status:

[] Married No. of Persons in Household including yourself

[] Divorced

[] Separated

[] Single

[] Widowed

Self-Declared Nutrition Risk Assessment:

Yes No

I have an illness or condition that made me change the kind and/or the amount of food I eat. [] []

I eat fewer than 2 meals per day. [] []

I eat fewer than 2 daily servings of each of the following food groups:

Fruits, Vegetables, Milk products. [] []

I have 3 or more drinks of beer, liquor or wine almost every day. [] []

I have tooth or mouth problems that make it difficult 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 prescribed and/or over-the-counter drugs per day. [] []

Without wanting to, I have lost or gained 10 pounds in the past 6 months. [] []

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