

**NATIONAL AGING PROGRAM INFORMATION SYSTEMS (NAPIS) REGISTRATION FORM**

**Welcome!** We're glad you're here. Would you help us by telling us a bit about you? Services are funded in part by the Older Americans Act, a federal program since 1965. Annually we report demographics of participants. All information is confidential - we do not report personal information - only age, gender, race, zip code, poverty etc.

**Section 1 – Tell us about YOU**

Last      First      MI      Phone #

 Male     Female    Date of Birth# in Household:  1     2     3 or more

Street address:      City      Zip

Mailing address:      City      Zip

**MONTHLY HOUSEHOLD INCOME**HH=1:  \$1,012 or below       \$1,013 or aboveHH=2:  \$1,372 or below       \$1,373 or aboveHH=3:  \$1,732 or below       \$1,733 or aboveHH=4:  \$2,092 or below       \$2,093 or above**RACE select all that apply** Amer. Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific White Unknown - some other race**ETHNICITY** Hispanic/Latino Not Hispanic/Latino**Section 2 – In case of an emergency - please contact** (Optional information)

Contact Name 1:      Phone #

 Child     Spouse     Friend     Grandchild     Other Family     Neighbor     Not Related

Contact Name 2:      Phone #

 Child     Spouse     Friend     Grandchild     Other Family     Neighbor     Not Related

**Complete Sections 3 - 5 if you participate in a nutrition or in-home service**

**Section 3 – Nutritional data** (Please check all that apply)

- I have an illness/condition and had to change the kind and/or amount of food I eat.
- I eat fewer than 2 meals per day.
- I eat few fruits, vegetables or 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 hard 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 or over-the-counter drugs a day.
- Without wanting to, I have lost or gained 10 pounds in the last six months.
- I am not always physically able to shop, cook and/or feed myself.

**Section 4 –Activities of Daily Living\* and Instrumental Activities of Daily Living**

Please mark **I** - Independent **A** - Assistance needed **D** - Dependent on helper

Bathing*	Behavior *	Dressing*
Eating*	Elimination/Toileting*	Mobility/Walking*
Personal Hygiene/Grooming*	Transferring*	Food Preparation
Heavy Housework	Housekeeping	Managing Finances
Medication Management	Shopping	Taking Medication
Using Telephones	Using Transportation	

**Section 5 - Special Diet Needs** (Check all that apply)

- |   |  |                                     |                                      |                                       |
|---|--|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bland            | <input type="checkbox"/> Clear Liquid        | <input type="checkbox"/> Dairy Free | <input type="checkbox"/> Diabetic    | <input type="checkbox"/> High Calorie |
| <input type="checkbox"/> High Fiber       | <input type="checkbox"/> High Protein        | <input type="checkbox"/> Kosher     | <input type="checkbox"/> Liquid      | <input type="checkbox"/> Low Calorie  |
| <input type="checkbox"/> Low Carbohydrate | <input type="checkbox"/> Low Cholesterol     | <input type="checkbox"/> Low Fat    | <input type="checkbox"/> Low Fiber   | <input type="checkbox"/> Low Sodium   |
| <input type="checkbox"/> Low Vitamin K    | <input type="checkbox"/> Nasogastric Feeding | <input type="checkbox"/> Renal      | <input type="checkbox"/> Soft        | <input type="checkbox"/> Supplements  |
| <input type="checkbox"/> Thickened Liquid | <input type="checkbox"/> Vegan               | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Gluten free | <input type="checkbox"/> Other        |

**Do you have information or comments you'd like to share?**

---