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 I – **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 above
HH=2: ☐$1,372 or below	☐ $1,373 or above
HH=3: ☐ $1,732 or below	☐ $1,733 or above
HH=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: jjkjkjkPhone #

☐ 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)

☐ Bland	☐ Clear Liquid	☐ Dairy Free	☐ Diabetic	☐ High Calorie
☐ High Fiber	☐ High Protein	☐ Kosher	☐ Liquid	☐ Low Calorie
☐ Low Carbohydrate	☐ Low Cholesterol	☐ Low Fat	☐ Low Fiber	☐ Low Sodium
☐ Low Vitamin K	☐ Nasogastric Feeding	☐ Renal	☐ Soft	☐ Supplements
☐ Thickened Liquid	☐ Vegan	☐ Vegetarian	☐ Gluten free	☐ Other

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

_____