



**CONGREGATE MEAL PROGRAM REGISTRATION**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 AGING SERVICES DIVISION  
 SFN 479 (8-2019)

Complete this form to the best of your ability.

Date of Assessment	First Name	Middle Initial	Last Name
Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown/Other	Residential Address	
Mailing Address		City	State ZIP Code
County			Telephone Number (include area code)
Emergency Contact Name			Emergency Contact Telephone Number
Ethnicity <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown		Race (check one) <input type="checkbox"/> White <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	
Primary Language <input type="checkbox"/> English <input type="checkbox"/> Other		Lives Alone <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Below Poverty <input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility Category <input type="checkbox"/> Age 60 and older <input type="checkbox"/> Disabled Under 60 lives in senior housing with congregate meal site or with an eligible consumer <input type="checkbox"/> Spouse <input type="checkbox"/> Volunteer			

**NUTRITION SCREENING CHECKLIST**

1. Have there been any changes in your eating habits because of health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you eat <u>less than</u> 2 meals a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you eat <u>less than</u> 2 1/2 cups of fruits or vegetables every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you eat or drink <u>less than</u> two 8 oz cups of dairy products (such as milk, yogurt or cheese) every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there times when you don't have enough money to buy food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does anything in your mouth make it hard to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you eat alone most of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you had any unexpected weight gain or loss of 10 pounds or more in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
9. Are there times when you are unable to shop, cook or feed yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
10. Do you have 3 or more drinks of alcohol per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you take 3 or more pills per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**USE OF INFORMATION**

The information that is provided on this form is for congregate meal registration purposes only. The information is used by the ND Department of Human Services - Aging Services Division to create reports for the Federal Government and to help identify other services that may be beneficial such as the Nutrition Counseling. This information will **not** be released/shared with anyone other than the above-mentioned parties unless I sign a separate consent (Release of Information).

Name of Meal Site