CONGREGATE MEAL PROGRAM ASSESSMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES
SFN 479 (5-2023)

Clear Fields

Complete this form to the best of your ability.

Date of Assessment	First Name	Middle Initial	Last Name

Date of Birth	Gender
	☐ Female ☐ Male

Gender Identity
☐ Female ☐ Male ☐ Non-Binary ☐ Non-Disclosed ☐ Transgender-Female ☐ Transgender-Male ☐ Other

Residential Address	City	State	ZIP Code

Mailing Address	City	State	ZIP Code

County	Telephone Number (include area code)	Emergency Contact Name and Phone Number

Ethnicity
☐ Not Hispanic or Latino ☐ Hispanic or Latino
☐ Unknown

Race (check one)
☐ White ☐ White-Hispanic ☐ Black/African American
☐ Asian ☐ American Indian/Alaskan ☐ Native Hawaiian/Pacific Islander

Primary Language	Lives Alone	Income Below Poverty
☐ English ☐ Other	☐ Yes ☐ No	☐ Yes ☐ No

Eligibility Category
☐ Age 60 and older ☐ Spouse ☐ Volunteer
☐ Disabled Under 60 lives in senior housing with congregate meal site or with an eligible consumer

NUTRITION SCREENING CHECKLIST

1. I have illness and/or condition that made me change the kind and/or amount of food I eat?	☐ Yes ☐ No
2. I eat less than 2 meals a day?	☐ Yes ☐ No
3. The majority of days I eat less than 1 1/2 cups to 3 cups of fruits and/or vegetables?	☐ Yes ☐ No
4. The majority of days I eat and/or drink less than 3 - 8 oz cups of dairy products (such as milk, yogurt, cheese)?	☐ Yes ☐ No
5. I have 3 or more drinks of alcohol per day?	☐ Yes ☐ No
6. I have tooth and/or mouth problems that make it hard for me to eat?	☐ Yes ☐ No
7. Sometimes I don't have enough money to buy enough food?	☐ Yes ☐ No
8. I eat alone most of the time?	☐ Yes ☐ No
9. I take 3 or more different prescribed and/or over-the-counter medications per day?	☐ Yes ☐ No
10. Without wanting to, I have lost or gained 10 pounds in the past 6 months?	☐ Yes ☐ No
11. I am not always physically able to shop, cook, and/or feed myself?	☐ Yes ☐ No

USE OF INFORMATION

The information that is provided on this form is for congregate meal assessment only. The information is used by the Department of Health and Human Services - Aging Services 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