

CLIENT REGISTRATION FORM

LEGAL NAME (First/Last): _____

NICKNAME: _____ MALE FEMALE

DATE OF BIRTH: _____ / _____ / _____ PHONE NUMBER: (_____) _____

PHYSICAL ADDRESS: _____ MAILING ADDRESS: _____

ADDRESS: _____ (If Different) _____

No Current Address/Residence

EMERGENCY CONTACT INFORMATION (Attach additional papers if more than one person):

NAME (First/Last): _____ RELATIONSHIP: _____

HOME PHONE: (_____) _____ WORK OR CELL PHONE: (_____) _____

ETHNICITY

HISPANIC OR LATINO

NON-HISPANIC OR LATINO

RACE

WHITE, CAUCASIAN HISPANIC

AMERICAN INDIAN / ALASKAN NATIVE

ASIAN BLACK / AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

OTHER _____

If you do not speak English, what is your primary language? _____

YOUR INCOME IS:

Please provide an answer on **both** lines:

BELOW POVERTY **OR** ABOVE POVERTY

And is also,

BELOW 300% SSI **OR** ABOVE 300% SSI

(The Service Provider will supply you with the current Federal Poverty Guidelines and 300% SSI amount.)

Activities of Daily Living (ADLs)

Without assistance, I am unable to:

Bathe Get Dressed

Eat Use the Bathroom

Walk Transfer In or Out of a Bed or Chair

None – I can perform these activities

DO YOU:

1. LIVE ALONE?..... Yes No

2. HAVE A DISABILITY? Yes No

3. CONSIDER YOURSELF FRAIL? Yes No

ARE YOU:

1. UNABLE TO LEAVE YOUR HOME WITHOUT ASSISTANCE (Homebound)?..... Yes No

2. A VETERAN / SERVED IN ARMED FORCES? Yes No

3. ON STATE MEDICAID? Yes No

4. A CAREGIVER? Yes No

IF YES, for whom do you provide care?

Spouse Child, Age 0-18 Adult Child, 18+

Parent Family Member Other _____

Instrumental Activities of Daily Living (IADLs)

Without assistance, I am unable to:

Prepare Meals Do Light Housework

Take Medication Do Heavy Housework

Manage Money Use the Telephone

Shop Use Transportation Services

None – I can perform these activities

I was provided the *Notice of Privacy Practices*

Client Signature _____ Date _____

(Initial or Revised Registration)

Client Signature – 2nd year _____ Date _____

(I certify that my information has not changed.)

FOR OFFICE USE ONLY

Services Registered For: _____ **New to This Service?** Y N

_____ Y N

Nutrition Risk Assessment Score (HD Meals): _____

Site: _____

Notes: _____