NAPIS/ACTIVITY CENTER PARTICIPANT MEAL REGISTRATION

Valley Area Agency On Aging
Answers, Action & Advocacy for All Things Senior

Activity Center Name: _____ **Site Coordinator Name:** _____
(Demographic and income data requested by state agency for grant reporting. State agency is responsible for maintaining confidentiality of information).

Intake Date: _____ **HIPPA Form Date:** _____

I participate in (Check all that apply): ☐ Congregate Meals ☐ Carry-Out Meals

PLEASE PRINT

Last Name: _____	**Address:** _____
First Name: _____	**City:** _____
M.I.: _____	**State:** _____
Birth Date: _____	**Zip Code:** _____
Telephone: _____	**County:** _____

Lives Alone: ☐ Yes ☐ No

Gender:
☐ Male ☐ Gender non-conforming
☐ Female ☐ Prefer not to say
☐ Transgender

IF UNDER AGE 60, EXPLAIN IF YOU ARE:
☐ **Spouse of Eligible Participant** ☐ **Regular Volunteer**
☐ **Disabled child, residing w/Eligible Participant**
Eligible Participant Name: _____

Race Information
☐ White ☐ Black
☐ Hispanic ☐ Asian
☐ American Indian/Eskimo/Aleut
☐ Native Hawaiian/Pacific Islander

Is Client Multiracial? ☐ Yes ☐ No
If yes, check all that apply:
☐ White ☐ Black ☐ American Indian/Eskimo/Aleut
☐ Hispanic ☐ Asian ☐ Native Hawaiian/Pacific Islander

Is the client below Poverty?
☐ Yes ☐ No Unknown

This information is reported to: The National Aging Program Information Systems (NAPIS) State Program Reports are completed by the states to comply with ACLS Bureau reporting requirements for submission of annual performance reports.

Valley Area Agency on Aging
225 E Fifth Street, Suite 200
Flint, MI 48502

For additional information call
Community Nutrition Manager
810-249-6547

I understand Valley Area Agency on Aging is not responsible for any food removed from the Dining Site. Nutrition Education on safely handling leftovers is available.

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety, and research only. No other use will be made of this information unless I authorize it, or a court orders it.

_____

Participant's Signature: **Printed Name** **Date**

NUTRITIONAL RISK INFORMATION

Nutritional Risk Assessment is required for HDM, Congregate Meals, Case Coordination, and Care Management.	Client at high risk: ○ Yes ○ No ○ Unknown	Nutritional Risk Score

Nutritional Risk Check *Nutritional Risk Score is required for Home-delivered Meals, Congregate Meals, Case Coordination, and Care Management. Circle the number in the 'yes' column for those that apply. Total the nutritional score. (Six or more, you are at high nutritional risk.)*	**YES**
1. Does care recipient have an illness or condition that made them change the kind and/or amount of food eaten?	2
2. Does care recipient eat fewer than two meals per day?	3
3. Does care recipient eat few fruits, vegetable, or milk products?	2
4. Does care recipient have three or more drinks of beer, liquor or wine almost every day?	2
5. Does care recipient have tooth or mouth problems that make it hard to eat?	2
6. Does care recipient lack enough money to buy foods that they need?	4
7. Does care recipient eat alone most of the time?	1
8. Does care recipient take three or more different prescribed or over-the-counter drugs per day?	1
9. Has care recipient lost or gained ten pounds in the last six months without wanting to?	2
10. Is care recipient sometimes unable to physically shop, cook or feed self?	2
TOTAL	

DAILY LIVING ACTIVITIES

This information must be completed if client receives Cluster I services.

Activities of Daily Living (ADLs)	**Instrumental Activities of Daily Living (IADLs)**
Client requires assistance with the following ADLs:	*Client requires assistance with the following IADLs:*
○ No ADLs ○ All ○ Eating/Feeding ○ Dressing ○ Bathing ○ Walking ○ Stair Climbing ○ Bed Mobility ○ Toileting ○ Bladder Function ○ Bowel Function ○ Wheeling ○ Transferring ○ Mobility Level	○ No IADLs ○ All ○ Shopping ○ Handling Finances ○ Heavy Cleaning ○ Light Cleaning ○ Using Public Transportation ○ Using Private Transportation ○ Cooking Meals ○ Reheating Meals ○ Taking Medication ○ Using Telephone ○ Doing Laundry ○ Keeping Appointments ○ Heating Home