



## *"Lunch Place"* **CONFIDENTIAL \* REGISTRATION FORM**

**\*Data accessible to Western Reserve Area Agency on Aging**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ MALE ☐ FEMALE ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

### **EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DAYTIME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

### **ETHNICITY**

- ☐ HISPANIC OR LATINO  
☐ NON-HISPANIC OR LATINO

### **RACE**

- ☐ WHITE, CAUCASIAN ☐ HISPANIC  
☐ AMERICAN INDIAN/ALASKAN NATIVE  
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
☐ OTHER

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

### **INCOME**

Please refer to the attachment for instructions on answering this question.

- ☐ 100%  
☐ 101%-150%  
☐ 151%-200%  
☐ 201%-250%  
☐ 250%+

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name

DO YOU LIVE IN A RURAL AREA?.... ☐ YES ☐ NO  
(Mentor and western Lake County are not rural.  
Please reference the map if you live in eastern Lake County)

ARE YOU..... ☐ MARRIED..... ☐ DIVORCED  
☐ SINGLE..... ☐ WIDOWED..... ☐ SEPARATED

DO YOU LIVE ☐ ALONE. ☐ SPOUSE. ☐ RELATIVE  
☐ NON-RELATIVES..... ☐ SPOUSE & OTHERS

HOW MANY IN YOUR HOUSEHOLD? \_\_\_\_\_

DO YOU HAVE A DISABILITY?..... ☐ YES ☐ NO

ARE YOU FRAIL?..... ☐ YES ☐ NO

ARE YOU A VETERAN?..... ☐ YES ☐ NO

ARE YOU UNDER 60?..... ☐ YES ☐ NO  
IF UNDER 60, ARE YOU .... ☐ COA VOLUNTEER  
☐ SPOUSE OF SENIOR ☐ DEPENDENT OF A SENIOR

\_\_\_\_\_  
Date




## *"LunchPlace"* **CONFIDENTIAL\* NUTRITION SURVEY**

**\*Data accessible to Western Reserve Area Agency on Aging**

### **DETERMINE YOUR OWN NUTRITIONAL HEALTH**

Read each question below. Circle the number in the YES column to answer YES to the question. To answer NO, do not circle anything. Total the circled numbers and write your nutritional score below.

<b>Nutrition Statement</b>	<b>YES</b>
1. Have you made any changes in lifelong eating habits because of health problems?	<b>2</b>
2. Do you eat fewer than two (2) meals a day?	<b>3</b>
3. Do you eat fewer than five (5) servings (1/2 cup each) of fruits and vegetables every day?	<b>1</b>
4. Do you eat fewer than two (2) servings of dairy products (such as milk, yogurt, or cheese) every day?	<b>1</b>
5. Do you sometimes not have enough money to buy food?	<b>4</b>
6. Do you have trouble eating well due to problems with chewing/swallowing?	<b>2</b>
7. Do you eat alone most of the time?	<b>1</b>
8. Without wanting to, have you lost or gained ten (10) pounds in the past six (6) months?	<b>2</b>
9. Are you not always physically able to shop, cook, and/or feed yourself (or get someone to do it for you)?	<b>2</b>
10. Do you have three (3) or more drinks of beer, liquor, or wine almost every day?	<b>2</b>
11. Do you take three (3) or more prescription or over-the-counter drugs per day?	<b>1</b>
<b>Add the circled scores and write the number here</b> 	

0-2 is GOOD, 3-5 indicates moderate nutritional risk, and 6 or above indicates high nutritional risk. Consult with a health or social service professional for guidance or call 2-1-1 for a list of food pantries or locations where hot meals are served in Lake County.