***5IZOl'-t***

**Bensalem Senior Citizens Center**

## BUCKS COUNTY AREA AGENCY ON AGING

CENTER REGISTRANT DATA SHEET

# DATE:

**CHECK ALL THAT APPLY:** D Center Visit □ Lunch D BC Transport

 O **MALE** D **FEMALE**

*First Middle Initial Last*

# ADDRESS:

Town State Zip County \_ Township/Borough \_

**PHONE** #: Home -------- Texting Capability ,J yes C no

# EMAIL ADDRESS:

**DATE OF BIRTH:** ---------- **SOCIAL SECURITY** #: *(last 4 digits):* \_

**VETERAN:** O yes □ no

**.MARITAL STATUS:** C Divorced 0 Married 0 Separated :J Single □ ·widowed

**LIVING SITUATION:** C Alone 0 With Spouse 0 With Other Family Member

**ElVIERGENCY CONTACT:** Name

Address Phone# Relationship \_

## **INCOME:** Urunarried with annual income of $15,060 or less..........................0 yes □ no ***(or)***

Husband and wife combined annual income of $20,440 or less......... 0 yes O no

**COl\lPLETE "BOTH" ETHNICITY Al'iD ETHNIC RACE:**

**ETHNICITY:** *(must check I of 2 boxes)*

J Hispanic/Latino

J Not His.panic/Latino

**ETHNIC RACE:** *(must check I of7 boxes)*

J American Indian/Alaskan

::::; Asian

J Black/African American

J Native Hawaiian/Other Pacific Is.lander J Non-Minority (white or non-Hispanic) J White Hispanic

J Other

(continued on back)



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| --- | --- |
| **NUTRITION INFORl'\-IATION** | **Yes** |
| I have an illness/condition that made me change the kind and/or amount of food I eat. | 2 |
| I eat fewer than 2 meals per day. | 3 |
| . I eat few fruits or vegetables or milk products. | 2 |
| I have 3 or more drinks of beer, liquor or wine almost every day. | 2 |
| . I have tooth or mouth problems that make it hard for me to eat. | 2 |
| I don't always have enough money to buy the food I need. | 4 |
| : I eat alone most of the time. | 1 |
| I take 3 or more different prescribed or over-the-counter drugs a day. | 1 |
| , Without wanting to, I have lost or gained l O pounds in the last 6 months. | 2 |
| ' I am not always physically able to shop, cook and/or feed myself. | 2 |
| TOTAL SCORE: |  |
| **0-2 Good!** Recheck your nutritional score in 6 months.  **3-5** You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your Office on Aging, Senior Nutrition Program, Senior Citizens Center or Health  Department can he!p. Recheck your . . score ,.,, month" .  nutntlonal m., | |

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**6 or More You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professionaL Talk with them about any problems you may have. Ask for help to improve your nutritional health.

**NUTRITIONAL RISK SCORE 6 OR HIGHER:** DYES ONO