

Congregate Meal Registration Form

For AAA Contractor/Subcontractor use only:

Area Agency _____ Provider/Site _____ Fax # (208) _____

E-mail _____

Consumer Information:

Date: _____

Last Name _____ First Name _____ MI. _____

Date of Birth: _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Phone Number: _____

Select one of the following:

- 60 years old or older
- An adult under 60, whose spouse is 60 or older and receives a meal
- Person with a disability under 60 living in the home of a caregiver who is 60 or older
- Person under 60 providing volunteer services during the meal hours
- Person residing in a housing facility occupied primarily by older individuals at which congregate nutrition services are provided

Gender: Male Female

If living alone, is your monthly income below \$1,063.00? Yes No

If living in household of two or more, is your income below \$1,437.00? Yes No

Race/Ethnic Origin:

- White, non-Hispanic White-Hispanic American Indian/Native Alaskan Asian
- Black/African American Native Hawaiian/Other Pacific Islander Other

Emergency Contact: _____ Phone Number: _____

On the second page, the nutritional health assessment form has important information and is yours to keep. Please indicate your total score here: _____

Meal Site Office Use Only:

Non-registered Participant: Male: Female:

Estimated age: 60 years old or older