**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 $1,041.00? ☐ Yes ☐ No

If living in household of two or more, is your income below $1,409.00? ☐ 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

FO\_NU\_02 Congregate Meal Registration Form 1/06/2020. Previous editions are obsolete