



ALAMEDA COUNTY AREA AGENCY ON AGING



Older Americans / Older Californian Act /
County General Fund Programs
REGISTRATION FORM 2018-19

Thank you for taking the time to complete this survey. Please print your answers to the questions on both sides of this form. Your response is extremely helpful. All your answers will be kept strictly confidential.

First Name: _____ Last Name: _____

Address: _____ Zip Code: _____

Phone: (____) _____-_____ Email: _____

Emergency Contact: _____

Name

Phone

Birth Date** (MM/DD/YYYY): ___/___/___

MEAL SITE: _____

**Eligibility for this program requires that you are 60 years or older (born in 1956 or before). If younger than 60, you don't need to register and you must pay the \$6.00 non-senior meal rate.

Are you the Head of Household? [] Yes [] No

What is your gender? (Check only one)

- [] - Male [] - Female [] - Transgender female to male
[] - Transgender male to female [] - Genderqueer/ Gender Non- binary
[] - Not listed/Please specify: _____ [] - Declined/not stated

What was your sex at birth? (Check only one)

- [] - Male [] - Female [] - Declined/not stated

How do you describe your sexual orientation or sexual identity? (Check only one)

- [] - Straight/ heterosexual [] - Bisexual [] - Gay/Lesbian/Same sex Loving
[] - Not listed/ please specify: _____ [] - Declined/ not stated

Ethnicity: [] - Hispanic or Latino [] - Not Hispanic or Latino [] - Unknown

Race:

- [] - Caucasian (W) [] - American Indian/Alaska Native (AI)
[] - African American/Black [] - Asian Indian (AS) [] - Cambodian (CA)
[] - Chinese (CH) [] - Filipino (FI) [] - Japanese (JA)
[] - Korean [] - Laotian (LA) [] - Vietnamese (VI)
[] - Other Asian [] - Guamanian (GU) [] - Hawaiian (HA)
[] - Samoan (SA) [] - Other Pacific Islander (OP)
[] - Other Race (OR) [] - Decline to State (RM)

Preferred language:

- []-English []-Chinese []-Spanish []-Indian []-Tagalog
[]-Vietnamese []-Cambodian []-Dari/Farsi []-Other _____



Veteran Status: -U.S. Veteran -N/A

Do You Live in a Rural Area? Yes No

(Geographic place that has less than 2,500 persons and is not a suburb to a city or town.)

Do You Live Alone? Yes No

Please indicate your household gross monthly income

1 Person	2 Person	3 Person	4 Person
<input type="checkbox"/> \$1,005 - \$2,033	<input type="checkbox"/> \$1,005 - \$2,325	<input type="checkbox"/> \$1,005 - \$2,616	<input type="checkbox"/> \$1,005 - \$2,904
<input type="checkbox"/> \$2,033 - \$3,392	<input type="checkbox"/> \$2,325 - \$3,875	<input type="checkbox"/> \$2,616 - \$4,358	<input type="checkbox"/> \$2,904 - \$4,841
<input type="checkbox"/> \$3,392 - \$3,412	<input type="checkbox"/> \$3,875 - \$3,898	<input type="checkbox"/> \$4,358 - \$4,384	<input type="checkbox"/> \$4,841 - \$4,870
<input type="checkbox"/> \$3,412 - \$5,229	<input type="checkbox"/> \$3,898 - \$5,975	<input type="checkbox"/> \$4,384 - \$6,729	<input type="checkbox"/> \$4,870 - \$7,466
<input type="checkbox"/> \$5,229 - \$6,092	<input type="checkbox"/> \$5,975 - \$6,958	<input type="checkbox"/> \$6,729 - \$7,829	<input type="checkbox"/> \$7,466 - \$8,700

NUTRITION SCREENING INITIATIVE

Read the statements below. **Circle the number in the “yes” column for those that apply.**

	YES
I have an illness or 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 fewer than 5 servings (1/2 cup each) of fruits or vegetables, or milk products.	2
I have 3 or more drinks of beer, liquor, or wine almost every day.	2
I have trouble biting, chewing, or swallowing and/or 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 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Score TOTAL	
Declined to State	

Completed By: _____

Date: _____