# NATIONAL AGING PROGRAM INFORMATION SYSTEMS (NAPIS) REGISTRATION FORM

**Welcome!** We're glad you're here. Would you help us by telling us a bit about you? Services are funded in part by the Older Americans Act, a federal program since 1965. Annually we report demographics of participants. All information is confidential - we do not report personal information - only age, gender, race, zip code, poverty etc.

## Section I – **Tell us about YOU**

Last First MI Phone #

☐ Male ☐ Female Date of Birth / / # in Household: ☐1 ☐ 2 ☐ 3 or more

Street address: City Zip

Mailing address: City Zip

**MONTHLY HOUSEHOLD INCOME**

HH=1: ☐$990 or below ☐$991 or above
HH=2: ☐$1,335 or below ☐$1,336 or above
HH=3: ☐$1,680 or below ☐$1,681 or above
HH=4: ☐ $2,025 or below ☐$2,026 or above

**ETHNICITY**

☐Hispanic/Latino
☐Not Hispanic/Latino

**RACE** select all that apply

☐ Amer. Indian/Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific
☐ White
☐ Unknown - some other race

## Section 2 – **In case of an emergency - please contact** (Optional information)

Contact Name 1: Phone #

☐Child ☐Spouse ☐Friend ☐ Grandchild ☐Other Family ☐Neighbor ☐ Not Related

Contact Name 2: Phone #

☐Child ☐Spouse ☐Friend ☐ Grandchild ☐Other Family ☐Neighbor ☐ Not Related

***Complete Sections 3 - 5 if you participate in a nutrition or in-home service***

## Section 3 – **Nutritional data** (Please check all that apply)

☐ I have an illness/condition and had to change the kind and/or amount of food I eat.

☐ I eat fewer than 2 meals per day.

*--continued on reverse--*

## **Nutritional data**, continued

☐ I eat few fruits, vegetables or milk products.
☐ I have 3 or more drinks of beer, liquor or wine almost every day.
☐ I have tooth or mouth problems that make it hard for me to eat.
☐ I don't always have enough money to buy the food I need.
☐ I eat alone most of the time.
☐ I take 3 or more prescribed or over-the-counter drugs a day.
☐ Without wanting to, I have lost or gained 10 pounds in the last six months.
☐ I am not always physically able to shop, cook and/or feed myself.

## Section 4 –**Activities of Daily Living*** and **Instrumental Activities of Daily Living**

Please mark **I -** Independent **A -** Assistance needed **D -** Dependent on helper

| | | |
|---|---|---|
| ___Bathing* | ___Behavior * | ___Dressing* |
| ___Eating* | ___Elimination/Toileting* | ___Mobility/Walking* |
| ___Personal Hygiene/Grooming* | ___Transferring* | ___ Food Preparation |
| ___Heavy Housework | ___Housekeeping | ___Managing Finances |
| ___Medication Management | ___Shopping | ___Taking Medication |
| ___Using Telephones | ___Using Transportation | |

## Section 5 - **Special Diet Needs** (Check all that apply)

| | | | | |
|---|---|---|---|---|
| ☐Bland | ☐Clear Liquid | ☐Dairy Free | ☐Diabetic | ☐High Calorie |
| ☐High Fiber | ☐High Protein | ☐Kosher | ☐Liquid | ☐Low Calorie |
| ☐Low Carbohydrate | ☐Low Cholesterol | ☐Low Fat | ☐Low Fiber | ☐Low Sodium |
| ☐Low Vitamin K | ☐Nasogastric Feeding | ☐Renal | ☐Soft | ☐Supplements |
| ☐Thickened Liquid | ☐Vegan | ☐Vegetarian | ☐Wheat/Gluten free | ☐Other |

## **Do you have information or comments you'd like to share?**