**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.

<table>
<thead>
<tr>
<th>Section I – <em>Tell us about YOU</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
</tr>
<tr>
<td>☐ Male</td>
</tr>
<tr>
<td>Street address:</td>
</tr>
<tr>
<td>Mailing address:</td>
</tr>
</tbody>
</table>

**MONTHLY HOUSEHOLD INCOME**

| HH=1: ☐ $1,012 or below | ☐ $1,013 or above |
| HH=2: ☐ $1,372 or below | ☐ $1,373 or above |
| HH=3: ☐ $1,732 or below | ☐ $1,733 or above |
| HH=4: ☐ $2,092 or below | ☐ $2,093 or above |

**RACE** select all that apply
- ☐ Amer. Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific
- ☐ White
- ☐ Unknown - some other race

**ETHNICITY**
- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

<table>
<thead>
<tr>
<th>Section 2 – <em>In case of an emergency - please contact</em> (Optional information)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name 1: jjkjkjkjkPhone #</td>
</tr>
<tr>
<td>☐ Child ☐ Spouse ☐ Friend ☐ Grandchild ☐ Other Family ☐ Neighbor ☐ Not Related</td>
</tr>
<tr>
<td>Contact Name 2:</td>
</tr>
<tr>
<td>☐ Child ☐ Spouse ☐ Friend ☐ Grandchild ☐ Other Family ☐ Neighbor ☐ Not Related</td>
</tr>
</tbody>
</table>
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.
☐ 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

<table>
<thead>
<tr>
<th>Bathing*</th>
<th>Behavior*</th>
<th>Dressing*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating*</td>
<td>Elimination/Toileting*</td>
<td>Mobility/Walking*</td>
</tr>
<tr>
<td>Personal Hygiene/Grooming*</td>
<td>Transferring*</td>
<td>Food Preparation</td>
</tr>
<tr>
<td>Heavy Housework</td>
<td>Housekeeping</td>
<td>Managing Finances</td>
</tr>
<tr>
<td>Medication Management</td>
<td>Shopping</td>
<td>Taking Medication</td>
</tr>
<tr>
<td>Using Telephones</td>
<td>Using Transportation</td>
<td></td>
</tr>
</tbody>
</table>

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
☐ Gluten free
☐ Other

Do you have information or comments you’d like to share?

http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/Area-Agency-Aging.aspx  Revised 1/18/2018