

Consumer Registration

Today's Date _____

Interviewer Signature _____

Consumer Signature _____

Personal

First Name _____

Middle Initial _____

Last Name _____

Date Registered _____ (initial Contact Date)

Marital Status Divorced Single
 Legally Separated Widowed
 Married

Gender Female Male

Birth Date _____

Age _____

Soc Sec Number _____

Info Released Authorized Yes No

Home Phone _____

Other

Household Monthly Income _____ Household Size _____

Individual Monthly Income _____

Email Address _____

Referred By _____

Contacts

Emergency Contact _____

Relationship _____

Phone # _____

Primary Physician _____

Phone # _____

Ethnic Races

Circle Non-Minority (White, non-Hispanic)
 Black/African American
 American Indian/Native Alaskan
 Asian
 White Hispanic
 Native Hawaiian/Other Pacific Islander
 Other:

Address

Residential

Street _____

County _____

Town _____

State _____ Zip Code _____

Mailing

Same as Res. _____

Street _____

Town _____

State _____ Zip Code _____

Eligibility/Fund Identifiers - Senior Center

TII / USDA 60 or over,

Or if under 60,

Circle Disable lives in elder housing

Spouse

Other

Volunteer

SSBG Yes No

Billing Cat. _____

National Goal _____

Other _____

Start Date _____ End Date _____

NAPIS

Ethnicity

Circle Hispanic or Latino Unknown
 Not Hispanic or Latino

In Poverty Yes No Don't Know

Lives Alone Yes No Don't Know

High Nutritional Risk Yes No Score of 8 or more

Is Rural Yes No Don't Know

Number of ADLs _____ Bathing Toileting

Circle Dressing Transferring

Eating Walking

Number of IADLs _____ Heavy Housework Preparing Meals

Circle Light Housework Shopping

Managing Money Trans Ability

Med Management Using Telephone

Fund Identifiers - Non-Senior Center

Provider/Site

Name _____

Start Date _____ End Date _____

Name _____

Start Date _____ End Date _____

Family Caregiver - Link

Circle Caregiver Care Recipient

Name _____ a

Relationship _____

INSURANCE

Medicaid # _____

Medicare # _____

VA # _____

Private Insurance # _____

Notes