

CLIENT REGISTRATION FORM

NAME (First/Last): _____ MALE FEMALE
DATE OF BIRTH: _____ / _____ / _____ PHONE NUMBER: (____) _____
PHYSICAL ADDRESS: _____ MAILING ADDRESS: _____

(If Different) _____

EMERGENCY CONTACT INFORMATION *(Attach additional papers if more than one person):*

NAME (First/Last): _____ RELATIONSHIP: _____
HOME PHONE: (____) _____ WORK OR CELL PHONE: (____) _____

ETHNICITY

- HISPANIC OR LATINO
 NON-HISPANIC OR LATINO

RACE

- WHITE, CAUCASIAN
 HISPANIC
 AMERICAN INDIAN / ALASKAN NATIVE
 ASIAN
 BLACK / AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 OTHER _____

If you do not speak English, what is your primary language? _____

I was provided with the *Notice of Privacy Practices*

According to the current Federal Poverty Guidelines, YOUR INCOME IS:

- BELOW POVERTY ABOVE POVERTY

(The Service Provider will supply you with the current Poverty Guidelines.)

DO YOU LIVE ALONE? Yes No

ARE YOU DISABLED? Yes No

FRAIL? Yes No

HOMEBOUND? Yes No

A CAREGIVER? Yes No

If you are a caregiver, who do you care for?

- Spouse Child, Age 0-18 Adult Child
 Parent Family Member
 Other _____

WHICH OF THE FOLLOWING ARE YOU UNABLE TO PERFORM WITHOUT ASSISTANCE?

Activities of Daily Living (ADLs):

- Eating Dressing
 Bathing Toileting
 Transferring In/Out of a Bed/Chair
 None – I can perform these activities

Instrumental Activities of Daily Living (IADLs):

- Preparing Meals Light Housework
 Taking Medication Heavy Housework
 Managing Money Using the Telephone
 Shopping Using Transportation Services
 None – I can perform these activities

Client Signature Date
(Initial or Revised Registration)

Client Signature – 2nd year Date
(I certify that my information has not changed.)

Client Signature – 3rd year Date
(I certify that my information has not changed.)

Client Signature – 4th year Date
(I certify that my information has not changed.)

FOR OFFICE USE ONLY

Services Registered For:

- _____

New to This Service?

- Y N
 Y N

Nutrition Risk Assessment Score: _____

Site: _____

Notes: _____

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NAME (First/Last): _____ MALE FEMALE

DATE OF BIRTH: _____ / _____ / _____ PHONE NUMBER: (_____) _____

PHYSICAL ADDRESS: _____ MAILING ADDRESS: _____
 _____ (If Different) _____

EMERGENCY CONTACT INFORMATION:

NAME 1 (First/Last): _____ RELATIONSHIP: _____

HOME PHONE: (_____) _____ WORK OR CELL PHONE: (_____) _____

NAME 2 (First/Last): _____ RELATIONSHIP: _____

HOME PHONE: (_____) _____ WORK OR CELL PHONE: (_____) _____

<p>ETHNICITY</p> <p><input type="checkbox"/> HISPANIC OR LATINO</p> <p><input type="checkbox"/> NON-HISPANIC OR LATINO</p> <p>RACE</p> <p><input type="checkbox"/> WHITE, CAUCASIAN</p> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE</p> <p><input type="checkbox"/> ASIAN</p> <p><input type="checkbox"/> BLACK / AFRICAN AMERICAN</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</p> <p><input type="checkbox"/> OTHER _____</p> <p><input type="checkbox"/> I was provided with the <i>Notice of Privacy Practices</i></p>	<p>According to the current Federal Poverty Guidelines, YOUR INCOME IS:</p> <p><input type="checkbox"/> BELOW POVERTY <input type="checkbox"/> ABOVE POVERTY</p> <p>(The Service Provider will supply you with the current Poverty Guidelines.)</p> <p>DO YOU LIVE ALONE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ARE YOU DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FRAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HOMEBOUND? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A CAREGIVER? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>If you are a caregiver, who do you care for?</u></p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Child, Age 0-18 <input type="checkbox"/> Adult Child</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Family Member</p> <p><input type="checkbox"/> Other _____</p>
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<p>Services Registered For:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p>New to This Service?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Nutrition Risk Assessment Score: _____</p> <p>Client ID: _____</p> <p>Notes: _____</p>
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