<Insert AAA/Senior Center Name Cover Sheet>

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for telling us more about yourself! Some of our grants (funding sources) need us to collect specific information about you. It is shared with [insert AAA name] and the Nebraska Department of Health and Human Services. Reports look at the sum of the details you and others provide. For example:

|  |  |
| --- | --- |
| What we collect | What gets reported |
| John Doe’s birthday is 01/01/1960. | Nebraska served 10,000 clients between the age of 60 – 65 years. |
| Jane Doe’s race & ethnicity is: White (Non-Hispanic) | Eighty seven percent of Nebraska senior center participants were White (Non-Hispanic). |

Items Marked with an (\*) are required fields.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Financial** | | | | | |
| **\*Income Status:** |  | **Guidelines:** | | | |
| Above Guidelines  At or Below Guidelines  Declined | | **Persons**  **1**  **2** | **Monthly**  **$1,063**  **$1,437** | **Annual**  **$12,760**  **$17,240** |  |
| **Financial Comments:** | | | | | |

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| **Demographics** | | | |
| **\*Last name** |  | **\*First Name** |  |
| **Middle Name/Initial** |  |  |  |
| **Nickname** |  | **\*Gender** | Male Female \_\_\_\_\_\_\_ |
| **\*Date of Birth** |  |  |  |
| **Address Line 1** |  | **Address Line 2 (APT/Po Box)** |  |
| **\*Zip** |  | **Is your mailing and physical address the same?**  If no, please complete the Mailing Address Section. | |
| **State** |  | Yes | |
| **City** |  |  |  |
| **County** |  |  |  |
| **Phone(Home)** |  | **Phone(Mobile)** |  |
| **Phone(work)** |  | **Work Ext:** |  |
| **Email Address** |  |  |  |
|  |  |  |  |
| **Mailing Address** | | | |
| **Address Line 1** |  | **Address Line 2 (APT/Po Box)** |  |
| **Zip** |  | **State** |  |
| **City** |  | **County** |  |
|  |  |  |  |

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| **Social History** | | | | | | |
| **Marital Status:** | | | **Frail/Disabled:** | | | |
| Divorced  Married  Widow  Single | Separated  Domestic Partner  Never Married  Declined | | Frail is defined as being unable to perform at least two activities of daily living without substantial human assistance or experiencing cognitive impairment (as defined by the OAA). | | | |
| Yes | No | | N/A |
| **Veteran Status:** | Yes  No  N/A | | **\*Lives With:** | | | |
| **Primary Language:** | | | Child/Children  Declined  Others | | Spouse/Partner  Lives Alone  Spouse and Child | |
| **Special Communication Needs:** |  | | | | | |
| **\*Race:** |  | |  | | | |
| American Indian/Alaska Native (Alone)  Asian (Alone)  Black/African American (Alone)  Native Hawaiian/Other Pacific Islander (Alone)  Declined | | Person Reporting 2 or More Races  Person Reporting Some Other Race  White (Alone) Hispanic  White (Alone) Non-Hispanic | | | | |
| **\*Ethnicity:** |  | | **Retired From/Employed by:** | | | |
| Hispanic or Latino  Not Hispanic or Latino | Declined | |
|  |  | |  | | | |

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| **Eligibility Status** | |
| **Date:** | |
| **Title III-B, Supportive Services** | **Title III-C1 Congregate Meals** |
| Individual is 60+ year old | Individual is 60+ year old  Caregiver of 60+ year old  Spouse of 60+ Individual  Disabled Dependent, Living with 60+ Parent  Disabled, Living in Senior Housing  Congregate Meal Volunteer |
| **Title III-C2 Home Delivered Meals** | **Title III-E Caregiver Services** |
| Individual is 60+ year old  Caregiver of 60+ year old  Spouse of 60+ Individual  Disabled Dependent, Living with 60+ Parent  Disabled, Living in Senior Housing | Caregiver of 60+ year old  Caregiver of Individual with Alzheimer’s  55+ year old Caregiver of Dependent Adult  55+ year old Caregiver of Related Child |

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| **Other Services** | | |
| **Interested in receiving information in any of the following services?** | | |
| Lifeline | Lawn Care or Snow Removal | Caregiver Support |
| Transportation | Health and Fitness Classes | Nutrition & Meals |
| Housekeeping | Options to Stay at Home | Legal Assistance |

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| **NSI Scores** | | |
| The Nutrition Screening Initiative is a national collaborative effort committed to the identification and treatment of nutritional problems in older persons. | | |
| I have an illness or condition that made me change the kind and/or amount of food I eat: | Yes | No |
| I eat fewer than 2 meals per day: | Yes | No |
| I eat few fruits or vegetables, or milk products: | Yes | No |
| I have 3 or more drinks of beer, liquor, or wine almost every day: | Yes | No |
| I have teeth or mouth problems that make it hard for me to eat: | Yes | No |
| I don’t always have enough money to buy the food I need: | Yes | No |
| I eat alone most of the time: | Yes | No |
| I take 3 or more different prescribed or over-the-counter drugs a day: | Yes | No |
| Without wanting to, I have lost or gained 10 or more pounds in the last 6 months: | Yes | No |
| I am not always physically able to shop, cook, and/or feed myself: | Yes | No |
| **Comments:** | | |

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| **IADLs** | | | |
| **Instrumental Activities of Daily Living (IADLs)**  Instrumental activities of daily living (IADLs) are somewhat more complex but nevertheless also reflect on a person’s ability to live independently and thrive. | | | |
| Do you need assistance with heavy housework? | Yes | No | No Response |
| Do you need assistance with light housework? | Yes | No | No Response |
| Do you need assistance with medication management? | Yes | No | No Response |
| Do you need assistance with managing money? | Yes | No | No Response |
| Do you need assistance with transportation? | Yes | No | No Response |
| Do you need assistance preparing meals? | Yes | No | No Response |
| Do you need assistance with shopping/running errands? | Yes | No | No Response |
| Do you need assistance with using the phone? | Yes | No | No Response |
| **Comments:** | | | |

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| **ADLs** | | | |
| **ADL Description & Assistance level**  Activities of daily living (ADLs) are basic tasks that must be accomplished every day for an individual to thrive. | | | |
| Do you need assistance with bathing? | Yes | No | No Response |
| Do you need assistance with Dressing? | Yes | No | No Response |
| Do you need assistance with eating? | Yes | No | No Response |
| Do you need assistance with Locomotion (walking/walker/wheelchair)? | Yes | No | No Response |
| Do you need assistance with using the restroom? | Yes | No | No Response |
| Do you need assistance with transferring (moving in/out of a chair/bed)? | Yes | No | No Response |
| **Comments:** | | | |