<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.

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| **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:**  |