COMMUNITY SERVICES
Senior Services

Print Form

C-1 - NUTRITION CLIENT REGISTRATION

CLIENT INFORMATION

NAME*			***DATE OF BIRTH***
FIRST	LAST	MI	
ADDRESS*			MARITAL STATUS
			☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED
CITY		***ZIP***	PHONE*

REASON FOR NUTRITION PROGRAM	TRANSPORTATION USED	EMAIL*
☐ 60+ ☐ DISABLED ☐ CAREGIVER ☐ NUTRITION VOLUNTEER	☐ SELF ☐ ACCESS/OCTA ☐ TRIPS ☐ OTHER_____	

HOUSEHOLD INCOME ☐ DECLINED TO STATE

FPL INCOME LESS THAN $11,670 (1 person) PER YEAR OR $15,730 (2 people) PER YEAR? ☐ YES ☐ NO

1 PERSON: ☐ $11,671 - $14,588 ☐ $14,589 - $15,755 ☐ $15,756 - $17,505 ☐ $17,506+

2 PEOPLE: ☐ $15,731 - $19,663 ☐ $19,664 - $21,236 ☐ $21,237 - $23,595 ☐ $23,596+

RACE/ETHNICITY

RACE: ☐ DECLINED TO STATE

☐ WHITE ☐ AMERICAN INDIAN ☐ ASIAN
☐ AFRICAN AMERICAN ☐ PACIFIC ISLANDER
☐ OTHER RACE ☐ MULTIPLE RACE

NATIONALITY (for Asian/Pacific Islander): ☐ DECLINED TO STATE

☐ CHINESE ☐ JAPANESE ☐ FILIPINO ☐ KOREAN
☐ VIETNAMESE ☐ OTHER ASIAN (Persian) ☐ SAMOAN
☐ ASIAN INDIAN ☐ LAOTIAN ☐ CAMBODIAN ☐ GUAMANIAN
☐ HAWAIIAN ☐ OTHER PACIFIC ISLANDER

ETHNICITY: ☐ DECLINED TO STATE

☐ HISPANIC / LATINO ☐ NON-HISPANIC / LATINO

DEMOGRAPHICS

LIVES IN A RURAL AREA?
☐ YES ☐ NO ☐ DECLINED TO STATE

GENDER:
☐ MALE ☐ FEMALE ☐ DECLINED TO STATE

LIVING ARRANGEMENT:
☐ ALONE ☐ W/OTHERS ☐ DECLINED TO STATE

NUMBER IN HOUSEHOLD:
_____ ☐ DECLINED TO STATE

FEMALE HEAD OF HOUSEHOLD:
☐ YES ☐ NO

I CERTIFY THE ABOVE INFORMATION IS CORRECT. _____ _____
SIGNATURE* (REQUIRED) DATE

FOR OFFICE USE ONLY
ID# _____ C-1 CARS CLIENT REGISTRATION FORM INTAKE DATE _____ COMPLETED BY _____

C-1 - NUTRITION CLIENT REGISTRATION

EMERGENCY CONTACT

NAME*			RELATIONSHIP
ADDRESS*			PHONE*
CITY	STATE	ZIP	ALTERNATE PHONE*
PRIMARY PHYSICIAN*	HEALTH INSURANCE*		OFFICE PHONE*

I AUTHORIZE CITY OF IRVINE STAFF TO CONTACT ABOVE PERSON FOR ADDITIONAL INFORMATION OR IN AN EMERGENCY. ☐ YES ☐ NO

SIGNATURE (REQUIRED)*

NUTRITIONAL RISK ☐ DECLINED TO STATE			POINTS
1. I have an illness or condition that made me change the kind and/or amount of food I eat.	☐ YES	☐ NO	2
2. I eat fewer than 2 meals per day.	☐ YES	☐ NO	3
3. I eat few fruits or vegetables, or milk products	☐ YES	☐ NO	2
4. I have 3 or more drinks of beer, liquor or wine almost every day.	☐ YES	☐ NO	2
5. I have tooth or mouth problems that make it hard for me to eat.	☐ YES	☐ NO	2
6. I do not always have enough money to buy the food I need.	☐ YES	☐ NO	4
7. I eat alone most of the time.	☐ YES	☐ NO	1
8. I take 3 or more different prescribed or over-the-counter drugs a day.	☐ YES	☐ NO	1
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	☐ YES	☐ NO	2
10. I am not always physically able to shop, cook and/or feed myself.	☐ YES	☐ NO	2
11. Do you have less than 5 cups (8 oz. per cup) of fluids per day?* *Question is not part of the Nutrition Risk scoring.	☐ YES	☐ NO	
		TOTAL	
HIGH NUTRITIONAL RISK? *(High nutritional risk is a score of 6 or more points)*	☐ YES	☐ NO	