

AGING RESOURCES OF CENTRAL IOWA – NAPIS Client Registration Form

Last Name: _____ First: _____ MI _____ Nickname _____

Date of Birth: ____ / ____ / _____ Last 4 Digits of Social Security # _____

Address: _____ City: _____ State _____ Zip: _____

Phone: () _____ - _____ Gender : [] Male [] Female

Do you live alone? [] yes [] no Number In Household: _____

PLEASE COMPLETE THE FORM BY PLACING A CHECK MARK IN ALL OF THE SECTIONS

Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

Race: African American/Black
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 White

**Annual Income: Please Check Your Household Annual Income Range
OR Provide Your Monthly Household Income Here: \$ _____**

- | | | |
|--|--|--|
| <input type="checkbox"/> \$ 0 - \$10,890 | <input type="checkbox"/> \$18,531 - \$22,350 | <input type="checkbox"/> \$29,991 - \$33,810 |
| <input type="checkbox"/> \$10,891 - \$14,710 | <input type="checkbox"/> \$22,351 - \$26,170 | <input type="checkbox"/> \$33,811 - \$37,630 |
| <input type="checkbox"/> \$14,711 - \$18,530 | <input type="checkbox"/> \$26,171 - \$29,990 | <input type="checkbox"/> \$37,631 – or Above |

- | | | |
|--|---|---|
| Can You Without Assistance: | Can You Without Assistance: | Can You Without Assistance: |
| <input type="checkbox"/> Y <input type="checkbox"/> N Walk? | <input type="checkbox"/> Y <input type="checkbox"/> N Manage money? | <input type="checkbox"/> Y <input type="checkbox"/> N Use transportation? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Bathe? | <input type="checkbox"/> Y <input type="checkbox"/> N Do laundry? | <input type="checkbox"/> Y <input type="checkbox"/> N Use the telephone? |
| <input type="checkbox"/> Y <input type="checkbox"/> N Dress? | <input type="checkbox"/> Y <input type="checkbox"/> N Do shopping? | |
| <input type="checkbox"/> Y <input type="checkbox"/> N Get out of bed or chair? | <input type="checkbox"/> Y <input type="checkbox"/> N Manage medication? | |
| <input type="checkbox"/> Y <input type="checkbox"/> N Use the toilet? | <input type="checkbox"/> Y <input type="checkbox"/> N Prepare meals? | |
| <input type="checkbox"/> Y <input type="checkbox"/> N Eat? | <input type="checkbox"/> Y <input type="checkbox"/> N Do home chores? | |
| <input type="checkbox"/> Y <input type="checkbox"/> N Groom yourself? | <input type="checkbox"/> Y <input type="checkbox"/> N Do light housework? | |

Nutrition Risk Assessment:

- T F I have an illness or condition that made me change the kind and/or amount of food I eat.
- T F I eat fewer than two meals per day.
- T F I eat few fruits and/or vegetables and/or milk products.
- T F I have three or more drinks of beer, liquor or wine almost every day.
- T F I have tooth or mouth problems that make it hard for me to eat.
- T F I don't always have enough money to buy the food I need.
- T F I eat alone most of the time.
- T F I take 3 or more different prescribed or over-the-counter drugs a day.
- T F I have lost or gained 10 pounds in the last 6 months, without wanting to.
- T F I am *not* always physically able to do *one or more of*: shopping, cooking or feeding myself.

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purpose only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation.

SIGNATURE: _____ DATE: _____

Provider: Aging Resources of Central Iowa Service #: F2 Service #: _____

Staff ID: PW/JJ AR: _____ AR: _____