

**COUNTY OF SAN MATEO AGING AND ADULT SERVICES  
Title III Registered Services OLDER AMERICAN ACT PROGRAMS**

<b>Provider Name:</b>	<b>Unique Participant ID:</b> _____
<input type="checkbox"/> <b>Adult Day Care/Health (IIIB) (A,I)</b>	<b>Registration/Assessment Date:</b> _____
<input type="checkbox"/> <b>Congregate Meals (N)</b>	<b>Termination Date:</b> _____
<input type="checkbox"/> <b>Home-Delivered Meals (A,I,N)</b>	<b>Reason:</b> _____
<input type="checkbox"/> <b>Supplemental Home-Delivered Meals (A,I,N)</b>	
<b>Note: A-ADLs, I-IADLs, N-Nutritional Assessments see Page 2 – Reassessment is required annually</b>	

**SECTION 1 (Client)**

<b>Personal Data (Please Print):</b>	
<b>First Name:</b>	
<b>Middle Initial:</b>	
<b>Last Name:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
<b>Birth Date:</b>	
<b>Social Security#</b> <i>Optional</i>	
<b>Home Phone #:</b>	(      )
<b>Residential Address:</b>	
<b>Street:</b>	
<b>City:</b>	
<b>Zip Code:</b>	
<b>Emergency Contact:</b>	Name: Relationship: Phone #: (      )
<b>Physician</b>	Name: Phone #: (      )
<b>Notes:</b>	

<b>Ethnicity:</b>	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
<b>Federal Poverty Level (FPL)</b>	<input type="checkbox"/> At or below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State \$ 1,005 or less per mo. 1 person \$ 1,353 or less per mo. 2 persons
<b>Lives Alone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
<b>Rural?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
<b>Rural Areas in San Mateo County</b>	
94018 El Granada 94019 Half Moon Bay 94020 La Honda 94021 Loma Mar	94037 Montara 94038 Moss Beach 94060 Pescadero 94018 Princeton-by-the-Sea 94074 San Gregorio
<b>Race: (Please Check ONE)</b>	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race	
<b>Asian:</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	
<b>Hawaiian/Other Pacific Islander:</b> <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> Declined to State	

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**SECTION 2 – Required for Home-Delivered Meals & Adult Day/Health Care**  
**Activities of Daily Living and Instrumental Activities of Daily Living (ADL and IADL)**

<b>ADLs:</b>	<b>1 – Independent</b>	<b>2 – Verbal Assistance</b>	<b>3 – Some Human Help</b>	<b>4 – Lots of Human Help</b>	<b>5 – Dependent</b>	<b>Declined to State</b>
Eating						
Bathing						
Toileting						
Transferring In/Out of Bed/Chair						
Walking						
Dressing						
Notes:						
<b>IADLs:</b>	<b>1 – Independent</b>	<b>2 – Verbal Assistance</b>	<b>3 – Some Human Help</b>	<b>4 – Lots of Human Help</b>	<b>5 – Dependent</b>	<b>Declined to State</b>
Meal Preparation						
Shopping						
Medication Management						
Money Management						
Using Telephone						
Heavy Housework						
Light Housework						
Transportation						
Notes:						

**SECTION 3 – Nutritional Assessment**

**Required for Home-Delivered & Congregate Meals**

<b>Nutritional Assessment:</b>	<b>Circle if yes</b>
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the past 6 months?	2
I am not always physically able to shop, cook, and/or feed myself.	2
Declined to State or Answer	0
<b>Total Score:</b> (If equal to or greater than 6, the client is at high nutritional risk)	