

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

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

SECTION 1 (Client)

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

Ethnicity:	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
Federal Poverty Level (FPL)	<input type="checkbox"/> At or below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State \$ 1,012 or less per mo. 1 person \$ 1,372 or less per mo. 2 persons
Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
Rural?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
Rural Areas in San Mateo County	
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
Race: (Please Check ONE)	
<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	
Asian: <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	
Hawaiian/Other Pacific Islander: <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)

ADLs:	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
Eating						
Bathing						
Toileting						
Transferring In/Out of Bed/Chair						
Walking						
Dressing						
Notes:						
IADLs:	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
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

Nutritional Assessment:	Circle if yes
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
Total Score: (If equal to or greater than 6, the client is at high nutritional risk)	