

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 (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: Termination Date: Reason:
Note: A-ADLs, I-IADLs, N-Nutritional Assessments see Page 2 - Reassessment is required annually	

Personal Data (Please Print)

First Name:		Middle Initial:	
Last Name:			
Birth Date:			
Home Phone #:	()		
What is your gender: (Check only one)	a. Male b. Female c. Transgender Female to Male d. Transgender Male to Female e. Genderqueer / Gender Non-binary f. Not listed, please specify: _____ g. Declined / not stated		
What was your sex at birth: (Check only one)	a. Male b. Female c. Declined / not stated		
How do you describe your sexual orientation or sexual identity: (Check only one)	a. Straight / Heterosexual b. Bisexual c. Gay / Lesbian/Same-Gender Loving d. Questioning / Unsure e. Not listed, please specify: _____ f. Declined / not stated		
Street Address:			
City:			
Zip Code:			
Emergency Contact:	Name: Relationship: Phone #: ()		
Physician:	Name: Phone #: ()		

Federal Poverty Level (FPL):	<input type="checkbox"/> Above FPL <input type="checkbox"/> At or below FPL <input type="checkbox"/> Declined to State
\$ 1,041 or less per month-1 person \$ 1,410 or less per month-2 persons	
Lives Alone:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
Rural:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
Rural Areas in San Mateo County	
94018 El Granada & Princeton-by-the-Sea 94019 Half Moon Bay 94020 La Honda 94021 Loma Mar	94037 Montara 94038 Moss Beach 94060 Pescadero 94074 San Gregorio
Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined to State
Race: (Check only one)	
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Multiple Race	<input type="checkbox"/> Black <input type="checkbox"/> Other Race <input type="checkbox"/> White
Asian:	
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian
Hawaiian / Other Pacific Islander:	
<input type="checkbox"/> Guamanian <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan
<input type="checkbox"/> Declined to State	
Notes:	

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

Activities of Daily Living (ADL) and (IADL)

Instrumental Activities of Daily Living

Required for Adult Day/Health Care, Home Delivered Meals & Supplemental Home-Delivered Meals

- 1 - Independent
- 2 - Verbal Assistance
- 3 - Some Human Help
- 4 - Lots of Human Help
- 5 - Dependent
- 6 - Decline to State

ADLs:	
Bathing	
Dressing	
Eating	
Toileting	
Transferring In / Out of Bed / Chair	
Walking	
Notes:	

IADLs:	
Heavy Housework	
Light Housework	
Meal Preparation	
Medication Management	
Money Management	
Shopping	
Transportation	
Using Telephone	
Notes:	

Nutritional Risk Assessment

Required for Congregate Meals & Home Delivered Meals / Supplemental Meals

Nutritional Risk 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)	
Notes:	