

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): \$ 1,063 or less per month-1 person \$ 1,437 or less per month-2 persons	<input type="checkbox"/> Above FPL <input type="checkbox"/> At or below FPL <input type="checkbox"/> Declined to State
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"/> Black <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Race <input type="checkbox"/> White	
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"/> Other Asian <input type="checkbox"/> Vietnamese	
Hawaiian / Other Pacific Islander:	
<input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Declined to State	
Notes:	

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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:	