



Nutrition Entry Form
VALID JULY 1, 2021 THRU JUNE 30, 2022
This information is kept confidential

Site Director's
 initials:
 Verified
 Client ID, age
 and form
 completed

Site Location: _____ Application Date: _____

Yes No This client paid full cost of meal (full cost is \$8.50).
 (Fill out small receipt. Send 1st original to main office; give 2nd copy to client.)

Yes No Are you under 60? If **yes**, please answer next two questions.

Does your spouse attend the site? Yes No or,

Are you a disabled dependent child of a parent attending the site? Yes No

If either above is **no**, pay full cost unless volunteering.

 First Name (Nick Name) Middle Initial Last Name

 Street Address Date of Birth

 City State Zip County

Phone Number: _____ Gender: M F Veteran: Yes No

RACE: White Black Hispanic Indian Asian Other : _____ (Please specify)

Ethnicity: Hispanic Yes No

Income: Above Below (see chart) Household Size: 1 2 3 more _____

Marital Status: Widow Married Divorced Single Separated

Emergency Contact: _____ Phone Number: _____

Volunteer Application

I wish to volunteer: Daily Weekly Bi-weekly Monthly As Needed

I will assist with:
 Delivery Set-up Serving Sign in Clean-up Meal

Other _____

Activity or Program Presented _____

Please Specify

NUTRITION RISK ASSESSMENT

PRINT NAME: _____

Please take a couple of minutes to complete the survey below. Circle the response that best describes your situation.

1. Is there an illness or condition that has changed the kind and/or amount of food you eat?	YES 2	NO 0
2. Do you eat fewer than 2 meals per day?	YES 3	NO 0
3. Do you include fruits, vegetables, and milk in your diet daily? Minimum: <ul style="list-style-type: none">• 2 servings fruits/fruit juice,• 3 servings milk or milk products,• 2.5 servings vegetables	YES 0	NO 2
4. Do you drink 3 or more drinks of beer, liquor, or wine almost every day?	YES 2	NO 0
5. Do you have tooth or mouth problems that make it hard to eat?	YES 2	NO 0
6. Do you always have money to purchase the food you need?	YES 0	NO 4
7. Do you eat alone most of the time?	YES 1	NO 0
8. Do you take 3 or more different prescribed or over-the-counter drugs a Day?	YES 1	NO 0
9. Without wanting to, or trying to, have you gained or lost 10lbs in the Last 6 months?	YES 2	NO 0
10. Are you always physically able to shop, cook, and/or feed yourself?	YES 0	NO 2

Total the scores of all items circled and record here: _____

0 – 2 = Not at Nutrition Risk; 3 – 5 = Moderate Nutrition Risk; 6 or more = High Nutrition Risk

I have reviewed this with the Site Manager, and I understand I should consult with a physician or another medical professional if my score is at Moderate to High Risk.

<http://www.eatright.org/programs/rdfinder/>

Client Signature

Site Manager Signature