

**BUCKS COUNTY AREA AGENCY ON AGING**  
**CENTER REGISTRANT DATA SHEET**

**James E. Kinney Senior Center**

**DATE:** \_\_\_\_\_

**CHECK ALL THAT APPLY:**     Center Visit     Lunch     BC Transport

**NAME:** \_\_\_\_\_  MALE     FEMALE  
                    *First*                      *Middle Initial*                      *Last*

**ADDRESS:** \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Township/Borough \_\_\_\_\_

**PHONE #:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Texting Capability  yes  no

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** *(last 4 digits):* \_\_\_\_\_

**VETERAN:**     yes     no

**MARITAL STATUS:**     Divorced     Married     Separated     Single     Widowed

**LIVING SITUATION:**     Alone     With Spouse     With Other Family Member

**EMERGENCY CONTACT:** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**INCOME:**    Unmarried with annual income of \$12,880 or less..... yes     no    *(or)*  
                    Husband and wife combined annual income of \$17,420 or less..... yes     no

**COMPLETE "BOTH" ETHNICITY AND ETHNIC RACE:**

**ETHNICITY:** *(must check 1 of 2 boxes)*

- Hispanic/Latino
- Not Hispanic/Latino

**ETHNIC RACE:** *(must check 1 of 7 boxes)*

- American Indian/Alaskan
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Non-Minority (white or non-Hispanic)
- White Hispanic
- Other

(continued on back)

<b>NUTRITION INFORMATION</b>		<b>Yes</b>
I have an illness/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 last 6 months.		2
I am not always physically able to shop, cook and/or feed myself.		2
<b>TOTAL SCORE:</b>		
<b>0-2</b>	<b>Good!</b> Recheck your nutritional score in 6 months.	
<b>3-5</b>	<b>You are at moderate nutritional risk.</b> See what can be done to improve your eating habits and lifestyle. Your Office on Aging, Senior Nutrition Program, Senior Citizens Center or Health Department can help. Recheck your nutritional score in 3 months.	
<b>6 or More</b>	<b>You are at high nutritional risk.</b> Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.	
<b>NUTRITIONAL RISK SCORE 6 OR HIGHER:   <input type="checkbox"/> YES   <input type="checkbox"/> NO</b>		