 **Client Information Assessment**

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| **Data Entry Workflow:** Region 3B – BCAAA – Congregate Meals | | | **Application Date:** | |
| **Event Profile:** Nutrition Counseling – BNE | | |
| **Demographics** | | | | |
| **Last Name:** | **First Name:** | | **Gender:** | **DOB:** |
| **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Email Address:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are you a U.S. Veteran?**  YES NO  **Do you live alone?**  YES NO  **What is your preferred language?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Do you identify as:** *(Please select one)*   * American Indian * Asian * Black/African American * Hispanic/Latino * Native Hawaiian or other Pacific Islander * White, non-Hispanic * **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Are you visually impaired?**  *(cannot be corrected with glasses)*  YES NO  **Monthly income range -*Individual***:*(if applicable)*   * $1,041 or less * $1,042 to $1,301 * $1,302 to $1,926 * $1,927 or more   **Monthly income range -*Married*:** *(if applicable)*   * $1,409 or less * $1,410 to $1,761 * $1,762 to $2,607 * $2,608 or more   **Boulder County residents 60+ are eligible for 2 Nutrition Counseling sessions at no cost. Would you like to learn more?**  YES NO | | |

**I have been informed of the Boulder County Area Agency on Aging’s policies regarding voluntary contributions, complaint procedures, and appeals rights. I am aware that in order to receive requested services, it may be necessary to share information with other BCAAA programs or contracted service providers and I herewith give my consent to do so.**

*Staff: Initial here if consent to share information is* ***NOT*** *given by the client. \_\_\_\_\_\_\_\_*

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Nutrition Checklist | | | | | | |
| If answer is ‘Yes’, circle the #.  Add the #s to determine total nutritional score. |  | | |  | | **#** |
| I have an illness or condition that made me change the kind and/or amount of food I eat. | | | YES | NO | | 2 |
| I eat less than 2 meals per day. | | | YES | NO | | 3 |
| I eat few fruits or vegetables or milk products. | | | YES | NO | | 2 |
| I have 3 or more drinks of beer, liquor, or wine almost every day. | | | YES | NO | | 2 |
| I have tooth or mouth problems that make it hard for me to eat. | | | YES | NO | | 2 |
| I don’t always have enough money to buy the food I need. | | | YES | NO | | 4 |
| I eat alone most of the time. | | | YES | NO | | 1 |
| I take 3 or more different prescribed or over the counter drugs a day. | | | YES | NO | | 1 |
| Without wanting to, I have lost or gained 10 pounds in the last 6 months. | | | YES | NO | | 2 |
| I am not always physically able to shop, cook and/or feed myself. | | | YES | NO | | 2 |
| *0-2 = No Risk 3-5 = Moderate Risk 6 or more = High Risk* | | Total ‘#’:**\_\_\_\_\_\_** | | | | |
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