

*** Participant Intake Form ***

PLEASE COMPLETE ALL SECTIONS

Provider: PEOPLE FOR PEOPLE MEALS ON WHEELS

Today's Date:	APPLYING FOR: Dining Room _____ Location _____ Home Delivery (HD) __ HD Only: Health Issues _____
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Last Name, First Name, Middle or Initial	Date of Birth
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Street Address (physical address required)	City	State	Zip
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P.O. Box or other mailing address:

Phone Number	IF APPLICANT UNDER 60: Volunteer _____ Or Spouse/Parent Name (who is over 60): _____
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The following information is confidential. Please check all those that apply. Answers do not affect eligibility, for statistical purposes only. Your answers help document the funding needed for this program.

- | | | |
|--|--|--|
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> lives alone | <input type="checkbox"/> Male |
| <input type="checkbox"/> Latinx/Latino/Hispanic | <input type="checkbox"/> lives with spouse | <input type="checkbox"/> Female |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> lives with others/relatives | <input type="checkbox"/> Decline to disclose |
| <input type="checkbox"/> American Indian/
Native Alaskan | <input type="checkbox"/> Veteran | Currently receiving: |
| <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Veteran Dependent | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Circled Ethnicity
(*Refer to attached pages) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Other/Unknown | | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Decline to state | Monthly income: Single \$ _____ | <input type="checkbox"/> Supplemental
Security Income (SSI) |
| <input type="checkbox"/> Limited English Speaking
Language spoken _____ | Monthly income: Married \$ _____ | |

Emergency Contact:

Name	Relationship	Phone
Personal Care Doctor	Phone	Hospital Preference

Nutrition Questionnaire

- | | |
|--|--------------------------|
| | YES |
| 1. Do you have an illness or condition that has changed the way you eat? | <input type="checkbox"/> |
| 2. Do you eat fewer than 2 meals per day? | <input type="checkbox"/> |
| 3. Do you eat less than 2-3 servings of fruits, vegetables, and dairy per day? | <input type="checkbox"/> |
| 4. Do you have 3 or more drinks of beer, liquor or wine almost every day? | <input type="checkbox"/> |
| 5. Do you have tooth, mouth or gum problems that make it hard for you to eat or swallow? | <input type="checkbox"/> |
| 6. Do you sometimes run out of money to buy food? | <input type="checkbox"/> |
| 7. Do you eat alone most of the time? | <input type="checkbox"/> |
| 8. Do you take 3 or more different prescriptions or over-the-counter medications daily? | <input type="checkbox"/> |
| 9. Have you lost or gained 10 pounds in the last 6 months without trying? | <input type="checkbox"/> |
| 10. Is it difficult for you to shop, cook or feed yourself at times? | <input type="checkbox"/> |
| 11. Do you have a special diet, i.e. diabetic, etc.? If yes, specify: _____ | |
| 12. Do you have a food allergy, i.e. dairy, nuts, etc.? If yes, specify: _____ | |

Write-in a number for the assistance needed, see below for numbers

1.) Independent 2.) Minimum Assistance 3.) Moderate Assistance 4.) Maximum Assistance 5.) Decline to State

***ACTIVITIES OF DAILY LIVING (ADL):**

__ Bathing __ Dressing __ Walking __ Toileting __ Transferring __ Eating __ Medication Management

***INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL):**

__ Heavy Housework __ Light Housework __ Money Management __ Meal Preparation
 __ Shopping __ Using Telephone __ Transportation

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For reporting purposes please circle your ethnicity (ethnicities)

Afghan	Canadian	Finn
African-American	Canadian Indian	Flandreau Santee Sioux
Afrikaner	Cape Verdean	Fort Belknap (gros ventre & assiniboin-sioux)
Alaskan	Caucasian	Fort Hall Shoshone-Bannock
Albanian	Chadian	Fort McDermitt Paiute & Shoshone
Aleut	Chamorro	Fort Peck Assiniboine-Sioux
Algerian	Chehalis	French
American	Cherokee	French, Irish, English
American Indian/Native	Cheyenne	Gabonese
Andorran	Cheyenne River Sioux	Gambian
Angolan	Chickasaw	Georgian
Apache	Chilean	German
Arabian	Chinese	Ghanaian
Arapaho	Chinook	Grand Ronde
Argentine	Chippewa	Greeks
Armenian	Choctaw	Grenadians
Asian Pacific	Coeur d'Alene	Gros Ventres
Assinboin	Colombian	Guatemalan
Assiniboine	Colville	Guianese
Assyrian	Comanche	Guinea Bissauan
Athabaskan	Comorian	Guyanese
Australian	Congolese	Haida
Austrian	Cook Inlet	Haitian
Azeri	Cook Islander	Hawaiian
Barbadian	Coos, Lower Umpqua & Siuslaw (conf tribes)	Hispanic
Bahamian	Coquille	Hoh
Bahraini	Costa Rican	Honduran
Bahrani	Cow Creek Umpqua	Hong Kong Chinese
Bangladeshi	Cowlitz	Hungarian
Barbadian	Creek	Icelander
Bear River Indian Band	Croatian	I-Kiribati
Belarusian	Crow	Indian
Belgian	Crow Creek Sioux	Indonesian
Belizean	Cuban	Iranian
Beninese	Cypriot	Iraqi
Bhutaneses	Czech	Irish
Blackfoot	Dane	Iroquois
Blanco	Djiboutian	Israeli
Boer	Dominican (Commonwealth)	Italian
Bolivian	Dominican (Republic)	Ivoirian
Bosnian	Duqamish	Jamaican
Botswana	Dutch	Jamestown S'Klallam
Botswanan	Duwamish	Japanese
Brazilian	East Timorese	Jordanian
Breton	Ecuadorian	Kalispell
British	Egyptian	Kazakh
British Virgin Islander	Emirati	Kenyan
Bruneian	English	Kikiallus
Bulgarian	Equatorial Guinean	Klallam
Burkinabe	Eritrean	Klamath
Burmes	Eskimo	Kootenai (Idaho)
Burns Paiute	Estonian	Korean
Burundian	Ethiopian	Kosovar
Cambodian	Fijian	Kuwaiti
Cameroonian	Filipino	Kyrgyz
Lao	Norwegian	Spokane

additional options on other side >>>>>>>>>

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Latino	Oglala Sioux	Squaxin Island
Latvian	Omani	Sri Lankan
Lebanese	Paiute	Standing Rock Sioux
Lesotho	Pakistani	Steilacoom
Liberian	Palauan	Stillaguamish
Libyan	Palestinian	Sudanese
Liechtensteiner	Panamanian	Summit Lake Paiute
Lithuanian	Papa New Guinean	Suquamish
Lower Elwha Klallam	Paraguayan	Swazi
Lummi	Peruvian	Swede
Luxembourgeois	Pole	Swinomish
Macanese	Port Gamble S'Klallam	Swiss
Makah	Portuguese	Sycuan Band of Diegueno Mission
Malagasy	Potawatomi	Syrian
Malawian	Puerto Rican	Taglese
Malaysian	Puyallup	Tahitian
Maldivian	Qatari	Taiwanese
Malian	Quileute	Tajik
Maltese	Quinault	Tanzanian
Maori	Rhodesian	Tahitian
Marquesan	Rocky Boy's Chippewa-Cree	Tibetan
Martinican	Romanian	Tlingit
Mauritian	Rosebud Sioux	Tobagonian
Max	Russian	Togolese
Mexican	Rwandan	Tongan
Mexican American Indian	Salish	Trinidadian
Micronesian	Salish-Kootenai (Flathead Reservation, Montana)	Tsimshian
Minnesota Chippewa	Salvadoran	Tulalip
Mission	Samish	Tunisian
Moldovan	Sammarinese	Turk
Monegasque	Samoan	Turtle Mountain Chippewa
Mongolian	Saudi	Tuvaluan
Montenegrin	Sauk-Suiattle	Ugandan
Moroccan	Scot	Ukrainian
Mozambican	Seminole	Ukrainians
Muckleshoot	Senegalese	Umatilla
Nambian	Serb	Unknown
Namibians	Shawnee	Upper Skagit
Navaho	Shoalwater Bay	Uruguayan
Nepalese	Shoshone-Paiute Tribes of Duck Valley	Uzbek
New Zealander	Sierra Leonean	Venezuelan
Nez Perce	Siletz	Vietnamese
Nicaraguan	Singaporean	Warm Springs
Nigerian	Sioux	Welsh
Nisqually	Skokomish	Wyandotte
Niuean	Slovak	Yakama
Non-Hispanic	Slovene	Yankton Sioux
Nooksack	Snohomish	Yemeni
Nooksack Marietta	Snoqualmie	Yurok
Northern Cheyenne	Snoqalmoo	Zambian
Northern Irish	Somali	Zimbabwean
Northwest Band Shoshoni	South African	Spaniard
Northwestern Shoshone	Spaniard	