*** Participant Intake Form (PIF)****

PLEASE COMPLETE ALL SECTIONS

PEOPLE FOR PEOPLE------ MEALS ON WHEELS

Today's Date:	APPLYING FOR: Dining Room ☐ Location ____________________ Home Delivery (HD) ☐ HD Only: Health issues______________________

(Legal) Last Name, First Name, Middle	Nickname	Date of Birth
Street Address (physical address is required) P.O Box or other mailing address:	City	State Zip

Phone Number	FILL ONLY IF APPLICANT is under 59: Volunteer ☐ Spouse/Parent ☐ Name of participant who is over 60:________________

The following information is confidential. Please fill out and check all those that apply. Answers do not affect eligibility; they help document the funding needed for this program.

- ☐ White (Non-Hispanic)
- ☐ Latinx/Latino/Hispanic
- ☐ Black/African American
- ☐ American Indian/ Native Alaskan
- ☐ Hawaiian/Pacific Islander
- ☐ Asian
- ☐ Other/Unknown
- ☐ Decline to Disclose

- ☐ Limited English-Speaking

Language spoken_________

- ☐ live alone
- ☐ live with spouse
- ☐ live with others/relatives
- ☐ Decline to Disclose

- ☐ Veteran
- ☐ Veteran Dependent
- ☐ Decline to Disclose
- ☐ Ethnicity ____________ (*Refer to attached pages)

Monthly Income:
(Eligibility not income based)

- ☐ Single $_________
- ☐ Married $________
- ☐ Decline to Disclose

- ☐ Male
- ☐ Female
- ☐ Decline to Disclose

Currently receiving:

- ☐ Basic Food benefits (food stamps)
- ☐ Medicaid
- ☐ Medicare
- ☐ Supplemental Security Income (SSI)
- ☐ Decline to Disclose

Emergency Contact Name	Relationship	Phone
Personal Care Doctor	Phone	Hospital Preference

Nutrition Questionnaire (check only if your answer is YES)	YES
1. Do you have an illness or condition that has changed the way you eat?	☐
2. Do you eat fewer than 2 meals per day?	☐
3. Do you eat less than 2-3 servings of fruits, vegetables, and dairy per day?	☐
4. Do you have 3 or more drinks of beer, liquor or wine almost every day?	☐
5. Do you have tooth, mouth or gum problems that make it hard for you to eat/swallow?	☐
6. Do you sometimes run out of money to buy food?	☐
7. Do you eat alone most of the time?	☐
8. Do you take 3 or more different prescriptions or over-the-counter medications daily?	☐
9. Have you lost or gained 10 pounds in the last 6 months without trying?	☐
10. Is it difficult for you to shop, cook or feed yourself at times?	☐
11. Are you diabetic?____	☐
12. Do you have a special diet, i.e. gluten-free, vegetarian, etc.?if yes,specify:	☐
13. Do you have any food allergies, i.e. dairy, nuts, etc.? If yes, specify:	☐

*** Formulario de Admisión de Participantes (PIF)****

POR FAVOR, COMPLETE TODAS LAS SECCIONES

PEOPLE FOR PEOPLE------ MEALS ON WHEELS

Fecha de hoy:	**Aplicando para:** **Sitio Comedor ☐ ____________________** **Entrega a Domicilio (HD) ☐ Solo HD: Problemas de salud____________**

(Legal) Apellido, Nombre, Segundo	**Apodo**	**Fecha de Nacimiento**
Dirección postal (se requiere dirección física)	**Ciudad**	**Estado Código postal**
Apartado postal u otra dirección postal:		

Número de teléfono	**Llene solo si el solicitante es menor de 59 años:** **Voluntario ☐ Esposo(a)/Papa(Mama)☐ Nombre del participante mayor de 60 años:______**

La siguiente información es confidencial. Por favor, llene y marque todo lo que le correspondan. Las respuestas no afectan la elegibilidad, nos ayudan a documentar los fondos necesarios para este programa

- ☐ **Blanco (no hispano)**
- ☐ **Latinx/Latino/Hispano**
- ☐ **Negro/AfroAmericano**
- ☐ **Indio Americano/ Nativo de Alaska**
- ☐ **Hawái/Pacífico Isleño**
- ☐ **Asiático**
- ☐ **Otro/Desconocido**
- ☐ **Niego Revelar**

☐ **Habla Inglés Limitado**
Idioma hablado__________

- ☐ **Vivo solo**
- ☐ **Vivo con esposo(a)**
- ☐ **Vivo con otros/familiares**
- ☐ **Niego revelar**
- ☐ **Veterano**
- ☐ **Veterano Dependiente**
- ☐ **Niego Revelar**
- ☐ **Origen étnico__________**

(*Consulte las páginas sigiente)

Ingresos mensuales:
(Elegibilidad no basada en ingresos)

- ☐ **Soltero $__________**
- ☐ **Casado $_________**
- ☐ **Niego Revelar**

- ☐ **Masculino**
- ☐ **Femenina**
- ☐ **Niego Revelar**

Recibiendo actualmente:

- ☐ **Beneficios básicos de la alimentación (Estampillas de comida)**
- ☐ **Medicaid**
- ☐ **Medicare**
- ☐ **Suplemental Seguridad de Ingreso (SSI)**
- ☐ **Niego revelar**

Nombre de Contacto de emergencia:	**Relación**	**Teléfono**
Médico de Cuidado Personal	**Teléfono**	**Preferencia de hospital**

Cuestionario de nutrición (marque solo si su respuesta es SI)	**SÍ**
1. ¿Tiene una enfermedad o afección que ha cambiado su forma de comer?	☐
2. ¿Come menos de 2 comidas al día?	☐
3. ¿Come menos de 2 o 3 porciones de frutas, verduras y productos lácteos al día?	☐
4. ¿Toma 3 o más tragos de cerveza, licor o vino casi todos los días?	☐
5. ¿Tiene problemas en los dientes, la boca o las encías que le dificultan comer?	☐
6. ¿A veces se queda sin dinero para comprar comida?	☐
7. ¿Come solo la mayor parte del tiempo?	☐
8. ¿Toma 3 o más medicamentos recetados o de venta libre diferentes al día?	☐
9. ¿Ha perdido o ganado 10 libras en los últimos 6 meses sin intentarlo?	☐
10. ¿Le resulta difícil comprar, cocinar o alimentarse a veces?	☐
11. ¿Es diabético?________________________________	☐
12. ¿Tiene una dieta especial; como sin gluten, vegetariana, etc.? especifique:	☐
13. ¿Tiene alguna alergia alimentaria; como lácteos, nueces, etc.? especifique:	☐

*** Participant Intake Form (PIF)****

PLEASE COMPLETE ALL SECTIONS

For reporting purposes please circle your ethnicity (ethnicities)

Afghan
African-American
Afrikaner
Alaskan
Albanian
Aleut
Algerian
American
American Indian/Native
Andorran
Angolan
Apache
Arabian
Arapaho
Argentine
Armenian
Asian Pacific
Assinboin
Assiniboine
Assyrian
Athabaskan
Australian
Austrian
Azeri
Barbadian
Bahamian
Bahraini
Bahrani
Bangladeshi
Barbadian
Bear River Indian Band
Belarusian
Belgian
Belizean
Beninese
Bhutanses
Blackfoot
Blanco
Boer
Bolivian
Bosnian
Botswana
Botswanan
Brazilian
Breton
British
British Virgin Islander
Bruneian
Bulgarian
Burkinabe
Burmes
Burns Paiute
Burundian
Cambodian
Cameroonian
Lao

Canadian
Canadian Indian
Cape Verdean
Caucasian
Chadian
Chamorro
Chehalis
Cherokee
Cheyenne
Cheyenne River Sioux
Chickasaw
Chilean
Chinese
Chinook
Chippewa
Choctaw
Coeur d'Alene
Colombian
Colville
Comanche
Comorian
Congolese
Cook Inlet
Cook Islander
Coos, Lower Umpqua & Siuslaw (conf tribes)
Coquille
Costa Rican
Cow Creek Umpqua
Cowlitz
Creek
Croatian
Crow
Crow Creek Sioux
Cuban
Cypriot
Czech
Dane
Djiboutian
Dominican (Commonwealth)
Dominican (Republic)
Duqamish
Dutch
Duwamish
East Timorese
Ecuadorian
Egyptian
Emirati
English
Equatorial Guinean
Eritrean
Eskimo
Estonian
Ethiopian
Fijian
Filipino
Norwegian

Finn
Flandreau Santee Sioux
Fort Belknap (gros ventre & assiniboin-sioux)
Fort Hall Shoshone-Bannock
Fort McDermitt Paiute & Shoshone
Fort Peck Assiniboine-Sioux
French
French, Irish, English
Gabonese
Gambian
Georgian
German
Ghanaian
Grand Ronde
Greeks
Grenadians
Gros Ventres
Guatemalan
Guianese
Guinea Bissauan
Guyanese
Haida
Haitian
Hawaiian
Hispanic
Hoh
Honduran
Hong Kong Chinese
Hungarian
Icelander
I-Kiribati
Indian
Indonesian
Iranian
Iraqi
Irish
Iroquois
Israeli
Italian
Ivoirian
Jamaican
Jamestown S'Klallam
Japanese
Jordanian
Kalispell
Kazakh
Kenyan
Kikiallus
Klallam
Klamath
Kootenai (Idaho)
Korean
Kosovar
Kuwaiti
Kyrgyz
Spokane

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

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