

SITE: Turlock

DATE:

2023 STANISLAUS COUNTY SENIOR LUNCH PROGRAM INTAKE

First Name:		MI:	Last Name:	
Address:			City:	*Zip
Mail address if different:			City:	Zip
Rural: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to state				
Home Phone:		Mobile:		Alternate:
Date registered:		Marital status: <input type="checkbox"/> Declined to State		*Gender: <input type="checkbox"/> Declined to State
*DOB:	Last 4 of SSN: <input type="checkbox"/> Declined to State		Referred by:	
Emergency Contact name:		Relationship		Phone:

*Ethnicity:	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
*Race: Please check only one:	<input type="checkbox"/> Declined to State
<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Asian Select nationality if desired: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander Select nationality if desired: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander

Income: Is the household income **below** the amount listed below for the number of people in the household?
Circle one: YES or NO

Size of family	1	2	3	4
Monthly Income (2018 FPL)	\$1073	\$1,452	\$1,830	2,208

***Federal Poverty Level (FPL)** At or below FPL Above FPL Declined to State

***Live Alone?** Yes No Declined to State Lives with:

AB 959 Circle only one response for the questions below:

- What is your Gender? a. Male b. Female c. Transgender female to male or d. male to female
 e. Genderqueer Non-binary f. Not listed: Specify _____ g. Declined to state
- What was your sex at birth? a. Male b. Female c. Declined to state
- How do you describe your sexual orientation or sexual identity?
 a. Straight /Heterosexual b. Bisexual c. Gay/Lesbian/ same –Gender Loving
 d. Questioning/Unsure. Not listed Specify: _____ g. Declined to state

Nutritional Assessment: (Meal program participants only)	No	Yes
Do you have an illness or condition that made you change the kind/or amount of food you eat?	0	2
Do you eat fewer than 2 meals per day?	0	3
Do you eat few fruits, vegetables or milk products every day?	0	2
Do you have 3 or more drinks of beer, liquor or wine almost every day?	0	2
Do you have tooth or mouth problems that make it hard for you to eat?	0	2
Do you sometimes not have enough money to buy food?	0	4
Do you eat alone most of the time?	0	1
Do you take 3 or more different prescribed or over-the-counter drugs a day?	0	1
Without wanting to, have you lost or gained 10 pounds in the past 6 months?	0	2
Are you not always physically able to shop, cook, and/or feed yourself?	0	2
Add all "yes" responses - Total Score Today: (If equal to or greater than 6, the client is at high nutritional risk.)		
Declined to State (DTS):		

The information requested below is NOT required by Stanislaus County – FOR CITY OF TURLOCK ONLY

Income Sources: PLEASE PROVIDE COPIES OF INCOME NOTED BELOW

Social Security	\$	SSI	\$	Other	\$	Food Stamps	\$
Section 8	\$	Pension	\$	Employment	\$	Unemployment	\$

Number of adults in your household: _____

Name	Age	Monthly Income

Please sign below!

Participant ID #: _____

Notes:

*= NAPIS data shared with California Department on Aging –total numbers only. Reporting purposes only. Personal identifying information is kept confidential. DOB mandatory to verify program eligibility. Zip code automatically determines rural status. May decline to state sensitive information.

Completed by: **X**

Date: