MARC CLIENT INTAKE FORM - CONGREGATE MEALS

Client Information

Last Name:_____ First Name:_____ MI:_____

Gender: M F DOB:_____/_____/_____ SSN:_____ DCN:_____

Address:_____ City:_____ Zip:_____

Phone Number:_____ Living Alone: ___ Y ___ N

County: ___ Cass ___ Clay ___ Jackson ___ Platte ___ Ray ___ Other:

Primary Emergency Contact:

Name:_____ Aware they are emergency contact? Y N

Home Number:_____ Work Phone:_____ Relationship:_____

Cell Number:_____ Email:_____

Address:_____ City:_____ Zip:_____

Marital Status: ___ Single ___ Married ___ Divorced ___ Partnered

___ Separated ___ Widowed (date of spouse's death):

Eligibility: ___ Age ___ Eligible Spouse ___ Volunteer

___ 18-59 Disabled ___ 18-59 Cong. Fac. Res. ___ 18-59 DRAH & AOP

Ethinicity: ___ Hispanic/Latino ___ Not Hispanic/Latino

Race (mark more than one if necessary): ___ African-American ___ American Indian/Native Alaskan

___ Asian ___ Native Hawaiian/Pacific Islander ___ White ___ Other:

Income: ___ Subsidized/Low-Income Housing ___ Medicaid ___ SSI ___ Food Stamps

___ Low Income Other:

Nutritional Status

	Yes	Comment
I have an illness or condition that made me change the kind/amount of food I eat.	2	
I eat fewer than 2 meals per day.	3	
I eat few fruits, vegetables, or milk products.	2	
I have 3 or more drinks of beer, liquor, or wine almost everyday.	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 gained or lost 10 pounds in the past 6 months	2	Change:
I am not always physically able to shop, cook or feed myself.	2	Which:
Total score for each Yes response (0-2: low risk; 3-5 moderate risk: 6 or more high risk)		Risk level:

Service Provider:	Service Area	Services: Congregate meals Transportation

Client Signature Date