

GLIDDEN SENIOR NUTRITION PROGRAM



New  Update Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Delivery \_\_\_\_ Regular \_\_\_\_ Will Call \_\_\_\_ Community Room Site \_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City Glidden State Iowa Zip 51443

Phone \_\_\_\_\_ Email \_\_\_\_\_

Dietary Concerns/Food Allergies \_\_\_\_\_

Drink: White Milk \_\_\_\_ Skim White Milk \_\_\_\_ Skim Chocolate Milk \_\_\_\_ 100% Orange Juice \_\_\_\_

Date Of Birth MM/DD/YYYY \_\_ / \_\_ / \_\_\_\_ Gender  Female  Male

Under 60? Married Spouse of Active Diner \_\_\_\_ Disabled, Live with Active Diner \_\_\_\_

How did you hear about us?  Referred by a Friend  City Newsletter  Facebook  Other\_

NUTRITION RISK SCREENING QUESTIONS

NO/YES

- 1 I have an illness or condition that changes the kind and/or amount of food I eat N/Y
2 I eat fewer than 2 meals a day N/Y
3 I eat few fruits or vegetables or milk products N/Y
4 I have three or more drinks of beer, liquor or wine almost every day N/Y
5 I have tooth or mouth problems that make it hard for me to eat N/Y
6 I don't always have enough money to buy the food I need N/Y
7 I eat alone most of the time N/Y
8 I take 3 or more different prescribed or over-the-counter drugs daily N/Y
9 Without wanting to, I have lost or gained 10 pounds in the last six months N/Y
10 I am not always able to physically shop, cook and/or feed myself N/Y

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff." Revised: 9/6/17

Cost per meal \$3.60 payable to the City of Glidden (monthly pre pay is recommended)

Applied for LIHEAP Yes \_\_\_\_ No \_\_\_\_ LIHEAP Eligible Yes \_\_\_\_ No \_\_\_\_ Verified by \_\_\_\_ Meal Assistance Yes \_\_\_\_ No \_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

City of Glidden
108 Idaho Street - P.O. Box 349
Glidden, Iowa 51443
(712) 659-3010