COUNTY OF SAN MATEO AGING AND ADULT SERVICES
Title III Registered Services
OLDER AMERICAN ACT PROGRAMS

Provider Name:	**Unique Participant ID:**
☐ **Adult Day Care / Health** (A,I) ☐ **Congregate Meals** (N) ☐ **Home Delivered Meals** (A,I,N) ☐ **Supplemental Home Delivered Meals** (A,I,N)	**Registration / Assessment Date:** **Termination Date:** **Reason:**
Note: A-ADLs, I-IADLs, N-Nutritional Assessments see Page 2 - Reassessment is required annually	

Personal Data (Please Print)

First Name:		**Middle Initial:**	
Last Name:			
Birth Date:			
Home Phone #:	( )		
What is your gender: (Check only one)	**a.** Male **b.** Female **c.** Transgender Female to Male **d.** Transgender Male to Female **e.** Genderqueer / Gender Non-binary **f.** Not listed, please specify: ________________ **g.** Declined / not stated		
What was your sex at birth: (Check only one)	**a.** Male **b.** Female **c.** Declined / not stated		
How do you describe your sexual orientation or sexual identity: (Check only one)	**a.** Straight / Heterosexual **b.** Bisexual **c.** Gay / Lesbian/Same-Gender Loving **d.** Questioning / Unsure **e.** Not listed, please specify: _______________ **f.** Declined / not stated		
Street Address:			
City:			
Zip Code:			
Emergency Contact:	Name: Relationship: Phone #: ( )		
Physician:	Name: Phone #: ( )		

Federal Poverty Level (FPL): $ 1,255 or less per month-1 person $ 1,703 or less per month-2 persons	☐ Above FPL ☐ At or below FPL ☐ Declined to State
Lives Alone:	☐ No ☐ Yes ☐ Declined to State
Rural:	☐ No ☐ Yes ☐ Declined to State
Rural Areas in San Mateo County	
94018 El Granada & Princeton-by-the-Sea **94019** Half Moon Bay **94020** La Honda **94021** Loma Mar	**94037** Montara **94038** Moss Beach **94060** Pescadero **94074** San Gregorio
Ethnicity:	☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Declined to State

Race: (Check all that applies)

☐ American Indian / Alaska Native ☐ Black
☐ White

Asian:

☐ Asian Indian ☐ Cambodian ☐ Chinese
☐ Filipino ☐ Japanese ☐ Korean
☐ Laotian ☐ Other Asian ☐ Vietnamese

Hawaiian / Other Pacific Islander:

☐ Guamanian ☐ Hawaiian
☐ Other Pacific Islander ☐ Samoan ☐ Tongan

☐ Declined to State

Have you ever served in the United States military? ☐ Yes ☐ No ☐ Declined/not stated	Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military? ☐ Yes ☐ No ☐ Declined/not stated	If you identify as being military affiliated, check below if: "I consent to this agency and the California Department of Aging transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I may be eligible. I understand that this consent is valid for12 months." ☐ Yes ☐ No Contact the California Department of Veterans Affairs (CalVet) to determine eligibility for services and supports www.calvet.ca.gov or 1-800-952-5626.

Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) – Required for Adult Day/Health Care, Home Delivered Meals & Supplemental Home Delivered Meals

1 - Independent
2 - Verbal Assistance
3 - Some Human Help
4 - Lots of Human Help
5 - Dependent
6 - Decline to State

ADLs:	
Bathing	
Dressing	
Eating	
Toileting	
Transferring In / Out of Bed / Chair	
Walking	

IADLs:	
Heavy Housework	
Light Housework	
Meal Preparation	
Medication Management	
Money Management	
Shopping	
Transportation	
Using Telephone	

Nutritional Risk Assessment - Required for Congregate Meals & Home Delivered Meals / Supplemental Meals

Nutritional Risk Assessment	Circle if yes
• I have an illness or condition that made me change the kind and / or amount of food I eat.	2
• I eat fewer than 2 meals per day.	3
• I eat few fruits or vegetables or milk products.	2
• I have 3 or more drinks of beer, liquor or wine almost every day.	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 lost or gained 10 pounds in the past 6 months?	2
• I am not always physically able to shop, cook, and / or feed myself.	2
Declined to State or Answer	0
Total Score: (If equal to or greater than 6, the client is at high nutritional risk)	