



MILWAUKEE COUNTY SENIOR DINING REGISTRATION

NEW ANNUAL RENEWAL SITE _____ DATE _____

LAST NAME		FIRST NAME		MI	SUFFIX JR SR I II III		
ADDRESS			CITY		ZIP CODE		

BIRTHDATE (MM/DD/YYYY)	AGE	PHONE	EMAIL
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MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Self-Describe	RACE <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino HOUSEHOLD <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives With Others MILITARY/VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES
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2023-2024 INCOME LEVEL (Your response will not impact your eligibility. Age-based, NOT income-based)

For one-person household, income is below **\$1,215/month** (\$14,580 annually) NO YES

For two-person household, income is below **\$1,643/month** (\$19,720 annually) NO YES

NUTRITION SCREEN <i>Circle the Corresponding Number</i>		YES	NO	How did you hear about us?	Under 60?	
1	A condition or illness changes the kind/amount of food I eat	2	0	<input type="checkbox"/> Friend/Family	How are you eligible?	
2	I eat fewer than 2 meals each day	3	0	<input type="checkbox"/> Facebook	<input type="checkbox"/> Active Dining Volunteer	
3	I eat few fruits, vegetables or milk products	2	0	<input type="checkbox"/> Health Provider	<input type="checkbox"/> Spouse of Active Diner	
4	I have 3+ drinks of beer, wine or liquor each day	2	0	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Disabled: Live in Dining Site	
5	Tooth or mouth problems make it hard to eat	2	0	<input type="checkbox"/> Internet	<input type="checkbox"/> Disabled: Live w/Elder Relative	
6	I don't always have enough money to buy food	4	0	<input type="checkbox"/> Email	OFFICE USE	
7	I eat alone most of the time	1	0	<input type="checkbox"/> US Mail		<input type="checkbox"/> Received _____
8	I take 3+ prescribed/over-the-counter medications	1	0	<input type="checkbox"/> Church		<input type="checkbox"/> Diner Card
9	Unintentionally, lost/gained 10 pounds in 6 months	2	0	<input type="checkbox"/> Senior Center		<input type="checkbox"/> Diner Handbook
10	Not always physically able to cook or feed myself	2	0	<input type="checkbox"/> Other _____	<input type="checkbox"/> SAMS Entry _____	
NUTRITION RISK LEVEL: 0-2 LOW 3-5 MODERATE 6+ HIGH					<input type="checkbox"/> STAFF _____	

EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____

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."

★ NOTE: Registration Form continues on the back. Please complete both sides

MILWAUKEE COUNTY SENIOR DINING

REGISTRATION (continued)

MALNUTRITION SCREENING TOOL (MST) → 2 Questions:

1 Have you recently lost weight without trying?

YES NO

↳ If YES, how much weight have you lost?

<input type="checkbox"/>	2-13 pounds	Score	1
<input type="checkbox"/>	14-23 pounds	Score	2
<input type="checkbox"/>	24-33 pounds	Score	3
<input type="checkbox"/>	34 pounds or more	Score	4
<input type="checkbox"/>	Unsure	Score	1

WEIGHT LOSS SCORE

2 Have you been eating poorly because of a decreased appetite?

<input type="checkbox"/>	YES	Score	1
<input type="checkbox"/>	NO	Score	0

APPETITE SCORE

WEIGHT LOSS SCORE + **APPETITE SCORE** =

OK to refer to Dietitian for Follow-Up?

FOOD INSECURITY → 2 Questions:

Read these two statements people have made about their food situation. For each statement, please indicate whether the statement was **OFTEN TRUE**, **SOMETIMES TRUE** or **NEVER TRUE** for you or your household in the last 12 months.

1 "I worried whether my food would run out before I got money to buy more."

Often True Sometimes True Never True

2 "The food that I bought just didn't last, and I didn't have money to get more."

Often True Sometimes True Never True



FOR OFFICE USE:

FINAL DETERMINE SCORE:

Determine Nutrition Risk Level

- Low Risk (0-2)
 Moderate Risk (3-5)
 High Risk (6 or more)

MST MALNUTRITION Screen Score

- Not at Risk (= 0 to 1)
 At Risk (= 2 or more)

FOOD INSECURE?

A response of Often True or Sometimes True to either question = Food Insecure.

- YES NO

Refer to Dietitian.

EBS to complete Foodshare Application.

Provide list of food pantries & community meals.

Recorded the MST Score and Food Insecurity Response in SAMS Special Use Fields.