NATIONAL AGING PROGRAM INFORMATION SYSTEMS (NAPIS) REGISTRATION FORM

Welcome! We’re glad you’re here. Would you help us by telling us a bit about you? Services are funded in part by the Older Americans Act, a federal program since 1965. Annually we report demographics of participants. All information is confidential - we do not report personal information - only age, gender, race, zip code, poverty etc.

Section I – Tell us about YOU

Last                     First                            MI          Phone #
☐ Male  ☐ Female    Date of Birth  /  /    # in Household: ☐1  ☐ 2  ☐ 3 or more
Street address:            City    Zip
Mailing address:              City    Zip

MONTHLY HOUSEHOLD INCOME
HH=1: ☐$981 or below    ☐$982 or above
HH=2: ☐$1,328 or below    ☐$1,329 or above
HH=3: ☐$1,674 or below    ☐$1,675 or above
HH=4: ☐ $2,368 or below    ☐$2,369 or above

RACE select all that apply
☐ Amer. Indian/Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific
☐ White
☐ Unknown - some other race

ETHNICITY
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Section 2 – In case of an emergency - please contact (Optional information)

Contact Name 1:               Phone #
☐ Child  ☐ Spouse  ☐ Friend  ☐ Grandchild  ☐ Other Family  ☐ Neighbor  ☐ Not Related

Contact Name 2:               Phone #
☐ Child  ☐ Spouse  ☐ Friend  ☐ Grandchild  ☐ Other Family  ☐ Neighbor  ☐ Not Related

Complete Sections 3 - 5 if you participate in a nutrition or in-home service

Section 3 – Nutritional data (Please check all that apply)

☐ I have an illness/condition and had to change the kind and/or amount of food I eat.
☐ I eat fewer than 2 meals per day.

--continued on reverse--
Nutritional data, continued

- I eat few fruits, vegetables or milk products.
- I have 3 or more drinks of beer, liquor or wine almost every day.
- I have tooth or mouth problems that make it hard for me to eat.
- I don’t always have enough money to buy the food I need.
- I eat alone most of the time.
- I take 3 or more prescribed or over-the-counter drugs a day.
- Without wanting to, I have lost or gained 10 pounds in the last six months.
- I am not always physically able to shop, cook and/or feed myself.

### Section 4 – Activities of Daily Living* and Instrumental Activities of Daily Living

Please mark

- **I** - Independent
- **A** - Assistance needed
- **D** - Dependent on helper

<table>
<thead>
<tr>
<th>Bathing*</th>
<th>Behavior *</th>
<th>Dressing*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating*</td>
<td>Elimination/Toileting*</td>
<td>Mobility/Walking*</td>
</tr>
<tr>
<td>Personal Hygiene/Grooming*</td>
<td>Transferring*</td>
<td>Food Preparation</td>
</tr>
<tr>
<td>Heavy Housework</td>
<td>Housekeeping</td>
<td>Managing Finances</td>
</tr>
<tr>
<td>Medication Management</td>
<td>Shopping</td>
<td>Taking Medication</td>
</tr>
<tr>
<td>Using Telephones</td>
<td>Using Transportation</td>
<td></td>
</tr>
</tbody>
</table>

### Section 5 - Special Diet Needs (Check all that apply)

<table>
<thead>
<tr>
<th>Bland</th>
<th>Clear Liquid</th>
<th>Dairy Free</th>
<th>Diabetic</th>
<th>High Calorie</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Fiber</td>
<td>High Protein</td>
<td>Kosher</td>
<td>Liquid</td>
<td>Low Calorie</td>
</tr>
<tr>
<td>Low Carbohydrate</td>
<td>Low Cholesterol</td>
<td>Low Fat</td>
<td>Low Fiber</td>
<td>Low Sodium</td>
</tr>
<tr>
<td>Low Vitamin K</td>
<td>Nasogastric Feeding</td>
<td>Renal</td>
<td>Soft</td>
<td>Supplements</td>
</tr>
<tr>
<td>Thickened Liquid</td>
<td>Vegan</td>
<td>Vegetarian</td>
<td>Wheat/ Gluten free</td>
<td>Other</td>
</tr>
</tbody>
</table>

Do you have information or comments you’d like to share?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________