



Ventura County Area Agency on Aging

Port Hueneme – Senior Nutrition Program HOME DELIVERED Meals (C2) – Client Intake Form FY2016-17

CONFIDENTIAL

TO RECEIVE HOME DELIVERED MEALS: Person must be aged 60 or older, homebound due to illness or disability, unable to prepare his/her own meals, unable to drive and unable to attend a congregate meal site if transportation were provided. There is no charge for meals, however, donations are accepted. A person will not be denied services if he/she chooses not to donate. INFORMATION IS KEPT STRICTLY CONFIDENTIAL.

PLEASE PRINT OR TYPE DATE:
LAST NAME: FIRST NAME: (No nicknames)
APPLICANT ELIGIBILITY YES NO NOTE:
Is applicant homebound due to illness or disability?*
Is applicant 60 or older, and/or the spouse/full-time caregiver of an eligible senior?*
Is applicant able to prepare meals?***
Does applicant drive?***
Can applicant attend a congregate meal site if transportation is provided?***
Street Address: Phone: Birth Date: (Required)
City: ZIP: (Required) RURAL: (91307, 93066, 93040)
MARITAL STATUS: Divorced Domestic Partner Married Separated Single Widowed Declined to State
RACE - PLEASE CHOOSE (✓) ONE:
American Indian or Alaska Native Asian Indian Black or African American Cambodian Chinese Filipino Guamanian Hawaiian Japanese Korean Laotian Multiple Race Other Asian Other Pacific Islander OTHER RACE – Includes Hispanic /Latino Samoan Vietnamese White Declined to State
VETERAN STATUS: Yes No Number of Persons Living in Household:
ETHNICITY – CHOOSE ONE: CLIENT LIVES: Preferred Language Other than English:
Not Hispanic/Latino Hispanic/Latino Alone Not Alone Gender: Female Male Transgender Woman Declined to State Transgender Man
APPLICANT'S INCOME LEVEL (approximate): LOCAL EMERGENCY CONTACT:
IF MARRIED: IF SINGLE: NAME: PHONE:
At or below Federal Poverty Level (at or below \$16,020/yr. for 2016)
Above Federal Poverty Level (at or above \$16,021/yr. for 2015)
Declined to State
At or below Federal Poverty Level (at or below \$11,880/yr. for 2016)
Above Federal Poverty Level (at or above \$11,881/yr. for 2016)
Declined to State
ABOUT THE APPLICANT: YES NO COMMENTS:
Any dietary restrictions? (If yes, explain)
A working refrigerator?
Freezer space to store five (5) frozen meals?
A working oven/microwave?
Physically and mentally able to reheat a meal?
Interested in weekend meals, if available?
Applicant is: Blind Deaf Applicant uses: Walker Cane



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NUTRITIONAL ASSESSMENT OF APPLICANT:							CHECK ALL THAT APPLY
I have an illness or condition that made me change the kind and/or amount of food I eat. (2pts)							<input type="checkbox"/>
I eat fewer than 2 meals per day. (3pts)							<input type="checkbox"/>
I eat few fruits or vegetables or milk products. (2pts)							<input type="checkbox"/>
I have 3 or more drinks of beer, liquor or wine almost every day. (2pts)							<input type="checkbox"/>
I have tooth or mouth problems that make it hard for me to eat. (2pts)							<input type="checkbox"/>
I don't always have enough money to buy the food I need. (4pts)							<input type="checkbox"/>
I eat alone most of the time. (1pt)							<input type="checkbox"/>
I take 3 or more different prescribed or over-the-counter drugs a day. (1pt)							<input type="checkbox"/>
Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2pts)							<input type="checkbox"/>
I am not always physically able to shop, cook and/or feed myself. (2pts)							<input type="checkbox"/>
(If equal to or greater than 6, the client is at high nutritional risk→)						Total Score:	
Declined to State:							<input type="checkbox"/>
CALIFORNIA ACTIVITIES & INSTRUMENTAL ACTIVITIES (IADLS) OF DAILY LIVING (ADLS)							
→ PLEASE CHECK (✓) ONE OF THE COLUMNS FOR EACH ACTIVITY ←							
TYPE OF ASSISTANCE NEEDED TO PERFORM TASK →		1 - INDEPENDENT Needs No Help	2- VERBAL QUE Needs verbal reminders	3 – STAND BY Needs some human help	4 – HANDS ON Needs lots of human help	5 – DEPENDENT Cannot perform task	Declined to State
A D L S	Eating						
	Dressing						
	Transferring						
	Bathing						
	Toileting						
	Walking						
I A D L S	Light Housework						
	Shopping/Errands						
	Meal Prep/Cleanup						
	Transportation						
	Using Telephone						
	Managing Medications						
	Managing Money						
	Heavy Housework						
I certify that all statements on this form are true and correct → _____							
Applicant's Signature							