



103 Beck Street
Winnebago, NE
68071

Senior Center/Facility Name: _____

Last Name: _____

First Name: _____ Middle Initial: _____

Nickname: _____

Phone: _____ Date of Birth: _____

Client Home Address: _____

City: _____ State: _____ Zip Code _____

County: _____ Sex: Female Male Other

Race: (Mark all that apply):

Household Composition:

Black/African American

Lives Alone

Asian

Other

American Indian/Alaska Native

Lives with Spouse Only

Native Hawaiian/Pacific Islander

Lives with Other Children

White

Lives with Spouse & Child

Do you have Hispanic/Latino background?

Income Status:

Yes

Above Poverty

No

At Or Below Poverty



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Activities of Daily Living (ADL)

I – Independent S-Supervision LA- Limited Assistance
 EA-Extensive Assistance TD-Total Dependence

Do you have difficulty with any of the following? (Please Select Response)

Bathing	I	S	LA	EA	TD
Dressing	I	S	LA	EA	TD
Eating	I	S	LA	EA	TD
Locomotion	I	S	LA	EA	TD
Toileting	I	S	LA	EA	TD
Transferring	I	S	LA	EA	TD

Instrumental Activities of Daily Living (IADL)

Do you have difficulty with any of the following? (Please Select Response)

Heavy Housework	Yes	No
Light Housework	Yes	No
Medication Management	Yes	No
Money Management	Yes	No
Transportation	Yes	No
Preparing Meals	Yes	No
Shopping	Yes	No
Use of Telephone	Yes	No



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NUTRITION RISK ASSESSMENT

_____ Nutrition Risk Score <i>(To be completed by senior center/facility)</i>
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- | | | |
|---------|--------|---|
| Yes (2) | No (0) | Do you have an illness/condition that made you change the kind and/or amount of food you eat? |
| Yes (3) | No (0) | Do you eat fewer than 2 meals per day? |
| Yes (2) | No (0) | Do you eat less than 3 servings of fruits or vegetables, or milk products a day? |
| Yes (2) | No (0) | Do you have 3 or more drinks of beer, liquor, or wine almost every day? |
| Yes (2) | No (0) | Do you have tooth or mouth problems that make it hard to eat? |
| Yes (4) | No (0) | Do you not always have enough money to buy food? |
| Yes (1) | No (0) | Do you eat alone most of the time? |
| Yes (1) | No (0) | Do you take 3 or more different prescribed or over-the-counter drugs a day? |
| Yes (2) | No (0) | Have you, without wanting to, lost or gained 10 or more pounds in the last 6 months? |
| Yes (2) | No (0) | Are you not always physically able to shop, cook, and/or feed yourself? |

Activities of Daily Living Definitions

Independent: Completes with no queueing or supervision, no hands-on assistance, regardless of the difficulty of the task.

Supervision: Requires queueing or supervision to complete task, or to complete a task correctly.

Limited Assistance: Requires hands-on assistance of another person to complete part of the task, and able to complete some of task independently.

Extensive Assistance: Requires hands-on assistance of another person to complete the task, but is able to direct cares and participate physically.

Total Assistance: Unable to physically or cognitively participate in task, requires hands on assistance of two persons.

THIS PAGE TO BE COMPLETED BY SENIOR CENTER/FACILITY
PEERPLACE DEMOGRAPHIC INTAKE FORM

Senior Center/Facility Name: _____

Client Name: _____

Client ID: _____

Intake Date: _____ Updated: _____ Updated: _____

SERVICE (Check all that apply to your Senior Center/Facility)

_____ Congregate Meals

This client is authorized SSBG/SSAD? (Select One) Yes No

_____ Home Delivered Meals

This client is authorized SSBG/SSAD? (Select One) Yes No

This client is authorized for Medicaid Waiver? (Select One) Yes No

_____ To-Go Meals

_____ Technology & Equipment

_____ Health Activities (Qualified & Non-Qualified)

ELIGIBILITY STATUS (For Meals Only)

Complete this box – only if under age 60

_____ Volunteering service during mealtime

_____ Disabled living with 60+ parent

_____ Spouse of 60+

ALL INFORMATION IS REQUIRED