

## AGING RESOURCES OF CENTRAL IOWA – NAPIS Client Registration Form

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last 4 Digits of Soc. Sec. # \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Gender : [    ] Male [    ] Female    Do you live alone? [    ] yes [    ] no    Number In Household: \_\_\_\_\_

**PLEASE FINISH THE FORM BY PLACING A CHECK MARK IN ALL OF THE SECTIONS**

- |  |  |
|--|--|
| <p><b>Race:</b>    <input type="checkbox"/> African American<br/> <input type="checkbox"/> American Indian/Alaskan Native<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> Native Hawaiian/Pacific Islander<br/> <input type="checkbox"/> White</p> | <p><b>Ethnicity:</b>    <input type="checkbox"/> Hispanic or Latino<br/> <input type="checkbox"/> Not Hispanic or Latino</p> |
|--|--|

**Annual Income: Please Check Your Household Annual Income Range  
OR Provide Your Monthly Household Income Here: \$ \_\_\_\_\_**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$ 0 - \$ 9,800     | <input type="checkbox"/> \$16,601 - \$21,708 | <input type="checkbox"/> \$29,401 - \$32,544 |
| <input type="checkbox"/> \$ 9,801 - \$13,200 | <input type="checkbox"/> \$21,709 - \$25,555 | <input type="checkbox"/> \$32,545 - \$39,600 |
| <input type="checkbox"/> \$13,201 - \$16,600 | <input type="checkbox"/> \$25,556 - \$29,400 | <input type="checkbox"/> \$39,601 – or Above |

- |   |  |  |
|---|--|--|
| <p><b>Can You Without Assistance:</b></p> <p><input type="checkbox"/> Y    <input type="checkbox"/> N Walk?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Bathe?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Dress?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Get out of bed or chair?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Use the toilet?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Eat?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Groom yourself?</p> | <p><b>Can You Without Assistance:</b></p> <p><input type="checkbox"/> Y    <input type="checkbox"/> N Manage money?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Do laundry?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Do shopping?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Manage medication?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Prepare meals?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Do home chores?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Do light housework?</p> | <p><b>Can You Without Assistance:</b></p> <p><input type="checkbox"/> Y    <input type="checkbox"/> N Use transportation?<br/> <input type="checkbox"/> Y    <input type="checkbox"/> N Use the telephone?</p> |
|---|--|--|

**Nutrition Risk Assessment (*Only Congregate & Home Delivered Meals, CMPFE & Nutrition Counseling*):**

- T     F I have an illness or condition that made me change the kind and/or amount of food I eat.
- T     F I eat fewer than two meals per day.
- T     F I eat few fruits **and/or** vegetables **and/or** milk products.
- T     F I have three or more drinks of beer, liquor or wine almost every day.
- T     F I have tooth or mouth problems that make it hard for me to eat.
- T     F I don't always have enough money to buy the food I need.
- T     F I eat alone most of the time.
- T     F I take 3 or more different prescribed *or* over-the-counter drugs a day.
- T     F I have lost or gained 10 pounds in the last 6 months, without wanting to.
- T     F I am **not** always physically able to do **one or more** of: shopping, cooking or feeding myself.

**RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purpose only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation. Aging Resources of Central Iowa does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation, or physical or mental disabilities in its employment practices or the provision of services except where it is a requirement of law.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Provider: \_\_\_\_\_ Service #: \_\_\_\_\_ Service #: \_\_\_\_\_ Service #: \_\_\_\_\_  
Staff ID: \_\_\_\_\_ AR: \_\_\_\_\_ AR: \_\_\_\_\_ SLP: \_\_\_\_\_ First Date of Service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 07/06

