## Kansas Department for Aging and Disability Services Uniform Program Registration

Registration	Registration Date: PSA:													
CUSTOMER INFORMATION														
First Name:		Middle Name:		Last Name:										
Birth Date:	,		Age: Social Security #:			•					Male			
	/	Month Day	Year		<u> </u>		,				□ Ot	her		
Residence S		•												
Phone:					Street	City		Cou	inty Sta	ite Z	?ip	Apt #	ŧ	
Emergency			_		,				ρ					
Emergency Contact Address:					Street	City	County State Zip Phone A					hone Al	t Phone	
Ethnicity						City	Race							
☐ Hispani														
•														
<ul><li>□ Not Hispanic or Latino</li><li>□ Ethnicity Missing</li></ul>														
	Ly IVIISS	sirig			DIGUN OF AFFICALITY AFFICACION AF									
Do you live alone?														
Do you live alone? ☐ Yes ☐ No Is your monthly income below? ☐ Yes ☐ No  Doctor Name: \$1,255 – Family of 1 or \$1,703 – Family of 2														
City:	<u> </u>													
Health conditions/medications: Veteran or Spouse of V										<u> </u>	'es ∟	No		
MODIFIED DIETS														
	_	any modified			s 🗆 No									
If yes, mark	each	type: [	☐ Diabetion	:	□ Diverticulitis			∕religioι	ıs 🗆 L	ow sodiur	n (salt)	☐ Mecha	anical	
			☐ Pureed		□ Renal		Vegeta	rian		ther _				
		NUTRITIC	N RISK SCR	REEN	N (This section for	Cong	regate l	Meals a	nd Nutriti	on Counse	eling Only	<u>')</u>		
					Please answer	r each	questi	on belo	w.					
SCORING -	If Yes,	, Circle				Yes	SCOF	RING – I	f Yes, Circl	е			Yes	
Do you eat less than 2 meals daily?							Have you made changes in the kind and/or amount of 2							
Do you eat less than 2 servings of fruits and vegetables daily?								-	_			condition?		
Do you eat less than 2 servings of dairy products (milk, cheese,							Are you physically not always able to grocery shop, 2							
yogurt, etc.) daily?							cook, and/or feed yourself? (Circle all that apply)							
Do you usually drink less than 6 glasses of water, milk, or juice							Do you eat alone most of the time?							
daily? # of glasses:							Do you feel that you usually do not have enough 4							
Do you drink 3 or more alcoholic beverages daily?							money to buy the food you need?							
Do you take 3 or more different prescriptions and/or over-the-counter drugs daily?							, 5							
			2	last 6 months? (Circle all that apply) Add all YES answers for <b>Total Nutrition Risk Score</b> :										
Do you have problems with dentures, teeth, or mouth, which make it hard to eat? (Circle all that apply)							Add all ILS allowers for Total Nutrition Risk Store.							
								ند احتاد:	مر میرماد دراد			مرموم ماخام		
RISK LEVEL	<u>:</u>	_ <b>0-2:</b> Low	3-5: Mo	oaei	rate <b>6 or mor</b>	e: Hig	n nutrii	tionai ri	sk; snare r	esuits witi	n your ne	alth care pi	ovider.	
- 1												1 . 1		
					se of the informati		•	_						
information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and														
service providers as listed below to enable the delivery of services and program monitoring.														
Customer/Guardian Signature Date														
Reviewer Signature Date														
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KAMIS ID #:		-			☐ 60+ Person		PARTICIPANT STATUS FOR MEALS							
UNMET NEEDS   Less than 60 Sp							use of 60+ Person							
Service Code		disabled Person residing with 60+ Person												
□ 60+ non-spouse Caretaker (IIIB Home-delivered meals only)														
Volunteer  Uses than 60 disabled Person residing in housing facility with CMEL site and occupied m														
					Less than 60 disabled Person residing in housing facility with CMEL site and occupied m 60+ Persons						lostly by			
	omier	Funding							Total Units	Cost of Unit	Stort Date	End Data	Discharge	
	ervice Code	Source	Disaster		Provider		Unit(s)	Per	Monthly	Cost of Unit	Start Date	End Date	Code	