Kansas Department for Aging and Disability Services Uniform Program Registration

Registration Date: PSA:												
				CUSTOMER	INFO	RMATI	ON					
First Name: Middle Name:						Last Name:						
Birth Date:			A		ial Sec	curity #	•		iender:	☐ Fe	male \square	Male
	Month Day	Year		<u> </u>		,				□ Ot	her	
Residence Stre	•											
Phone:		-	S	treet	City		Cou	ıntv Sta	ite Z	?ip	Apt #	ŧ
Emergency Co		_	_	Street City								
Emergency Contact Address:				Street City			Cor	inty Sta	ite 7	ip P	hone Al	t Phone
	Ethnicity				City			Race			7.0	
☐ Hispanic o			$\overline{}$	Amorican Indian	/Alack	an Nati	ivo I		Hawaiian	or Othor	Dacific Isla	ndor
•	· · · · · · · · · · · · · · · · · · ·			American Indian/Alaskan Native						Pacific ISIa	nuer	
			☐ Asian ☐ White									
☐ Ethnicity N	/iissing		Black or African American									
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												
Doctor Name:					_		-		•			
City:		_Phone:			_		•	3 or \$2,600	-	of 4		
Health condition	ons/medications	:			Vete	ran or	Spouse	of Veterar	<u> </u>	′es 🗆	No	
				MODI	FIED D	DIETS						
Are you follow	ing any modified	d diet(s)? □	Yes	□ No								
If yes, mark ea	ch type:	□ Diabetic		Diverticulitis		Ethnic,	/religioι	us 🗆 L	ow sodiur	n (salt)	☐ Mecha	anical
	[☐ Pureed] Renal		Vegeta	rian		ther _			
	NUTRITIC	ON RISK SCR	EEN	(This section for	Cong	regate	Meals a	nd Nutriti	on Counse	eling Only	·)	
				Please answer	each	questi	on belo	w.				
SCORING - If \	es, Circle				Yes	SCOF	RING – I	f Yes, Circl	e			Yes
	s than 2 meals da	ailv?			3	_				ind and/o	r amount o	
	s than 2 servings		l veg	etables daily?	1	_	-	_				
					1	food you eat because of an illness and/or condition? Are you physically not always able to grocery shop, 2						
Do you eat less than 2 servings of dairy products (milk, cheese,						cook, and/or feed yourself? (Circle all that apply)						
yogurt, etc.) daily?					0	Do you eat alone most of the time?						1
Do you usually drink less than 6 glasses of water, milk, or juice					U	·						
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						Have you gained or lost more than 10 pounds in the						2
counter drugs daily?						last 6 months? (Circle all that apply)						
Do you have p	mouth, which	2	Add a	Add all <u>YES</u> answers for Total Nutrition Risk Score :								
make it hard to eat? (Circle all that apply)												
RISK LEVEL:	0-2: Low	3-5: Mo	odera	ate 6 or mor	e: Hig	h nutri	tional ri	sk; share r	esults witl	h your he	alth care p	rovider.
Release of Info	ormation: I conse	ent to the rel	lease	of the informati	on on	this pa	ge so I	can receive	e services.	I underst	and the	
information or	n this page will b	e released to	o Kar	nsas Department	for Ag	ging and	d Disabi	lity Service	es, the Are	a Agencie	es on Aging	ζ, and
service provid	ers as listed belo	w to enable	the	delivery of service	es and	d progra	am mor	nitoring.				
Customer/Gua	ardian Signature							D	ate			
Reviewer Sign	ature							D	ate			
J	~~~~~~	~~~~~	~~~	~~~~COMPLETE	D BY R	EVIEWE	R~~~~	~~~~~	~~~~~	~~~~~	•	
KAMIS ID #:	1,1			3 60+ Person					PARTICIPA	NT STATUS	FOR MEALS	
	UNMET NEEDS				ouse of	60+ Per	son					
Service Code	Availability Code	Monthly Units		_				ith 60+ Pers	on			
	, , , , , , , , , , , , , , , , , , , ,	,	_	☐ 60+ non-spouse	Careta	aker (IIIB	Home-d	elivered mea	als only)			
			— ⊏									
Less than 60 disabled Person residing in housing facility with CMEL site and occupied mostly									ostly by			
	Ferra dina n			60+ Persons				Total Unit				Discharge
PSA Service Code		Disaster		Provider		Unit(s)	Per	Total Units Monthly	Cost of Unit	Start Date	End Date	Code
												Soute
												4

~~~~~~~~(OPTIONAL) PAGE 2 FOR GRAB AND GO MEAL ELIGIBILITY~~~~~~~~~~

Name:				to UPR Additional Info File Uplo							
· · · · · · · · · · · · · · · · · · ·				Do you have difficulty with?			Difficu	ulty	No Difficu	No Difficulty	
Very poor		<u></u>									
Below average	• •				ation	n					
Average			Ea	Eating							
Above average			Sh	Shopping for Food							
Excellent			Tra	ansportati	on						
	W			alking, Mobility							
What prevents you	from att	tending the	congr	egate mea	al site?	(Be	yond fo	od quality, pre	eference)		
Level of Agreement with the Following:				Strongly Disagree		Disagree		Neither Agree nor	Agree	Strongly Agree	
Healthiness of food food choices.	has little	impact on	my					Disagree			
It is important for me that my daily diet contains a lot of vitamins and minerals.											
I always follow a he	althy and	d balanced (diet.								
I do not avoid foods my cholesterol.	s, even if	they may ra	aise								
I eat what I like, and about the healthing		•	ch								
Does anyone	Yes		No		How ofte		n do you leave home?				
help you prepare food or bring food to you?					Neve		Very Rarely	Occasionally	Frequently	Very Frequently	
If yes, who?					If never or ver rarely, why?		-			1	
Customer Commer	its:						-	lete bottom se ices eligibility.	ection on Page	2 1 according	
					c	hec	k if eme	rgency/disasto	er situation		