

Name: _____

Please complete ALL questions. Staff is available to help.

Does the individual have a Medicaid number?

- No
- Yes
- Pending

Does the individual have Medicare?

- No
- Yes

Does the individual have any other insurance (e.g. Medigap, employee, retirement, etc.)

- No
- Yes
- Don't know

Check all benefits the individual is current receiving:

- Food stamps
- LIHEAP
- Medicaid
- PACE
- Section 8
- Subsidized transit
- Tax and rent rebates
- Weatherization
- Other – Document in notes

Is the individual a Veteran?

- No
- Yes
- Unable to determine

Is the individual the spouse, widow, or dependent child of a Veteran?

- No
- Yes
- Unable to determine

Is the individual receiving Veteran's benefits?

- No
- Yes

What was the outcome when the individual was offered a voter registration form?

- PASC will submit completed voter registration
- Does not meet voter requirements
- Individual declined application – already registered
- Individual declined application – other
- Individual will submit completed voter registration
- No response

Does the individual generally have a good appetite?

- No
- Yes

Does the individual use a dietary supplement?

- No
- Yes

Does the individual have any food allergies?

- No
- Yes

Does the individual have a special diet for medical reasons?

- No
- Yes

Does the individual have a special diet for religious or cultural reasons?

- No
- Yes

Has there been a change in lifelong eating habits because of health problems?

- No
- Yes

Does the individual eat fewer than 2 meals per day?

- No
- Yes

Please turn over and complete other side.

Does the individual eat fewer than 2 servings of dairy products every day? (Such as milk, yogurt, or cheese. A serving is 1 cup for milk and yogurt and 1 ½ ounces for cheese.)

- No
- Yes

Does the individual eat fewer than 5 servings (1/2 cup each) of fruits or vegetables every day?

- No
- Yes

Does the individual have 3 or more drinks of beer, liquor, or wine almost every day?

- No
- Yes

Does the individual have trouble eating due to problems chewing/swallowing?

- No
- Yes

Does the individual have enough money to buy food as needed?

- No
- Yes

Does the individual eat alone most of the time?

- No
- Yes

Does the individual take 3 or more prescription or over-the-counter medications per day?

- No
- Yes

Has the individual lost or gained 10 or more pounds in the last 6 months? If yes, please document in notes.

- No
- Yes, gained 10 pounds or more
- Yes, lost 10 pounds or more
- Don't know

Is the individual NOT always able to shop, cook, and/or feed themselves (or have someone to do it for them)?

- No, the individual is able to do these things
- Yes, the individual is not able to do these things

Type of permanent residence in which the individual resides:

- Assisted Living
- Apartment
- Domiciliary Care
- Group Home
- Nursing Home
- Own Home
- Personal Care Home
- Relative's Home
- Specialized Rehab/Rehab Facility
- State Institution
- Other – Document in notes

What is the individual's permanent living arrangement? ("Lives Alone" includes Assisted Living, Domiciliary Care, Personal Care Home, and renting with no roommate.)

- Lives Alone
- Lives with Spouse Only
- Lives with Child(ren) but not Spouse
- Lives with other Family Member(s)
- Unknown
- Other – Document in notes

Notes