

State of Alaska DHSS Division of Senior & Disabilities Services
Consumer Characteristics for Nutrition, Transportation, & Support Services

Please complete this form annually (or sooner, if there has been a change in circumstances) for Registered Services under the Older Americans Act.
 Data is critical for Federal Title III funds. Unauthorized use is strictly prohibited.
 Information is protected by Privacy and Security Agreement.
 Names and identifiers are not submitted. *Thanks for your help!*

Name: First _____ Initial _____ Last _____
 Birth Date _____ Date this form completed _____
 Month Day Year Month Day Year

Address _____ No change-check here
 Physical _____
 Mailing (if different than above) _____

Community _____
 State Alaska Other _____ Zip _____
 Phone _____
 email _____

Do you live alone? Yes No

Is your income below the Guideline? Yes No

Number in Home	Federal Income Guideline 1.28.16		For each additional person with income, add \$ 5,200
	Year	Month	
1	\$14,840	\$1,237	
2	\$20,020	\$1,668	
3	\$25,200	\$2,100	
4	\$30,380	\$2,532	

Emergency Contact: _____
 Phone: _____

Please complete this section for Home Delivered Meals, Assisted Transportation, and/or Homemaker.

If you use personal or stand-by assistance, supervision or cues, to perform the following activities, please check the box.

- Activities of Daily Living (ADLs)
- Eating Walking
 - Dressing Toileting
 - Bathing
 - Transferring in/out of bed/chair

Instrumental Activities of Daily Living (IADLs)

- Preparing meals
- Shopping for personal items
- Medication management
- Managing money
- Using telephone
- Doing heavy housework
- Doing light housework
- Using available transportation

Please complete this section for Meals and/or Nutrition Counseling.

Total Score from Determine Your Nutritional Health _____

Please complete this section if using this form for the first time. It is very important for Federal funding.

Gender Female Male

Ethnic Race (Check as many as apply)

- Alaskan Native/American Indian
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

Ethnicity Hispanic or Latino Not Hispanic or Latino

For office use: Initials _____ Referrals _____

Site _____

Date _____

Follow up _____ Follow up date _____