Form 5 - Consumer Registration Form

revised 10/1/2021

Registration: ☐ New ☐ Update

I. Add Consumer

a.) Consumer Name:

First: MI: Last:

b.) Today's Date: / /	c.) Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Other	d.) Birth Date: / /	e.) SSN (Social Security): 0 0 0 - 0 0 - ___ ___ ___ ___ ***Last 4 digits only!!!!***

f.) Home Telephone: g.) Cell Telephone:

h.) Email Address:

i.) Provider Name:

j.) Home Street Address 1:

k.) Home Street Address 2: l.) County:

m.) Town: n.) State (if not CT) o.) Zip Code:

II. Details - Basic Information

a.) Marital Status: ☐ Currently Married ☐ Divorced ☐ Separated ☐ Single (Never Married) ☐ Widowed

II. Details - NAPIS

a.) NSIP Eligible: ☐ Yes ☐ No

b.) NSIP Eligibility Type: ☐ Age 60 and Older ☐ Disabled in Elderly Housing ☐ Disabled Living with an Elderly Person ☐ Spouse of Person Age 60+ ☐ Volunteer

II. Details - Other Characteristics

a.) Cognitive Impairment: Has Alzheimer's disease or a related dementia: ☐ No - None ☐ Yes - Early Onset Dementia ☐ Yes - Mild ☐ Yes - Moderate ☐ Yes - Severe

IV. Assessment Form - Demographics

a.) Primary Language: Primary language spoken at home:

☐ American Sign Language ☐ Arabic ☐ Cambodian (Khmer) ☐ Chinese
☐ English ☐ French ☐ German ☐ Greek
☐ Gujarati ☐ Haitian Creole ☐ Italian ☐ Korean
☐ Polish ☐ Portugues ☐ Russian ☐ Spanish
☐ Tactical Sign Language ☐ Turkish ☐ Urdu ☐ Vietnamese
☐ Other _____ *Please specify*

b.) Speaks English: ☐ Very Well ☐ Well ☐ Not Well ☐ Not At All

c.) Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

d.) Race: *(check all that apply)* ☐ American Indian/Alaskan Native ☐ Asian/Asian American ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White

e.) Housing: ☐ Private home ☐ Private Apartment ☐ Senior Housing ☐ Congregate Housing ☐ Public Housing ☐ Residential Care Home ☐ Assisted Living ☐ Other _____ *Please Specify*

f.) Income:	**I live alone or with someone other than a spouse and <u>MY</u> monthly income is about:** ☐ At or Below $1,215 *(100%)* ☐ $1,216 - $1,519 *(125%)* ☐ $1,520 - $1,823 *(150%)* ☐ $1,824 - $2,126 *(175%)* ☐ $2,127 - $2,430 *(200%)* ☐ $2,431 or over *(over 200%)* **I live with my spouse and <u>OUR</u> monthly income is about:** ☐ At or Below $1,643 *(100%)* ☐ $1,644 - $2,054 *(125%)* ☐ $2,055 - $2,465 *(150%)* ☐ $2,466 - $2,876 *(175%)* ☐ $2,877- $3,287 *(200%)* ☐ $3,288 or over *(over 200%)*
g.) In Poverty:	☐ Yes ☐ No
h.) Living Arrangements	☐ Alone ☐ With Spouse ☐ With Unmarried Partner ☐ With Spouse/Partner and Child/ren ☐ With Child/ren Only, No Spouse/Partner ☐ With Grandchild/ren ☐ With Other Relatives ☐ With Others

V. Assessment Form - Functional Status

a.) ADL/IADL:

I need help with the following ADL activities:

Yes	No		Yes	No		Yes	No	
☐	☐	Eating	☐	☐	Dressing	☐	☐	Bathing/Washing
☐	☐	Using the Toilet	☐	☐	Getting Out of Bed/Chair	☐	☐	Continence

I need help with the following IADL activities:

Yes	No		Yes	No		Yes	No	
☐	☐	Planning/Preparing Meals	☐	☐	Shopping	☐	☐	Managing Money
☐	☐	Using the Telephone	☐	☐	Housekeeping	☐	☐	Doing Laundry
☐	☐	Taking Medicine	☐	☐	Using Transportation			

VI. Assessment Form - Nutrition

a.) Nutritional Risk:

Yes	No	
☐	☐	I have an illness or condition that made me change the kind or amount of food I eat. (2)
☐	☐	I eat fewer than 2 meals per day. (3)
☐	☐	I eat few fruits and vegetables or milk products. (2)
☐	☐	I have problems chewing/swallowing that make it hard for me to eat. (2)
☐	☐	I do not always have enough money or food stamps to buy the food I need. (4)
☐	☐	I take 3 or more different prescription or over-the-counter drugs each day. (1)
☐	☐	I eat alone most of the time. (1)
☐	☐	I have 3 or more drinks of beer, liquor or wine almost every day. (2)
☐	☐	Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2)
☐	☐	I am not always physically able to shop, cook or feed myself. (2)

VII. Assessment Form - Service Indicators

In the last 12 months:

1.) If I had groceries available, I was able to use them to prepare a meal:

☐ Yes (skip to question 2) ☐ No (Please answer 1b below)

1b.) You had someone who could cook for you or helped you cook

☐ Yes ☐ No

If you answered NO, did you experience this in the last:

☐ 1 - 3 months ☐ 4 - 6 months ☐ 7 months or more

2.) In the last 12 months have you experienced the following situations because you did not have enough money:

a.) Did you or other adults in your household ever skip meals?

☐ Yes ☐ No

b.) Did you eat less food than you felt you needed?

☐ Yes ☐ No

c.) Were you ever hungry?

☐ Yes ☐ No

If you answered YES to ANY of these questions, did you experience this in the last:

☐ 1 - 3 months ☐ 4 - 6 months ☐ 7 months or more

3.) Have you recently lost weight without trying?

☐ Yes ☐ No

If YES, how much weight have you lost?

☐ 1 - 13 lbs. ☐ 14 - 23 lbs. ☐ 24 - 33 lbs. ☐ 34 or more lbs. ☐ Unsure

4.) Have you been eating poorly because of a decreased appetite?

☐ Yes ☐ No

5.) Have you been hospitalized in the last 12 months?

☐ Yes ☐ No

If YES, when were you last in the hospital?

☐ In the last 3 months ☐ In the last 4 - 6 months ☐ In the last 7 - 12 months

VIII. Service Delivery

a.) Site Name (if applicable): _____

b.) Service Category (if applicable)	c.) Service (sub-service)	d.) Fund Identifier	e.) Number of Units