

# Sample NAPIS Client Registration Form

New York State Office for the Aging

*Use a medium black pen and keep letters and number in the boxes. Fill in circles completely and use an X instead of checkmarks. Note this form should only be completed with staff assistance.*

<b>PROVIDER ID:</b> <input type="text"/> - <input type="text"/>		<b>Intake Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>CLIENT INFORMATION:</b>		Gender: <input type="radio"/> Male <input type="radio"/> Female	DOB: <input type="text"/> - <input type="text"/> - <input type="text"/>
		Veteran: <input type="radio"/> Yes <input type="radio"/> No	
Last Name: <input type="text"/>		First Name: <input type="text"/>	
Mid Init <input type="text"/>			
Address: <input type="text"/>			
City: <input type="text"/>		St: <input type="text"/>	Zip + 4: <input type="text"/> - <input type="text"/>
Co: <input type="text"/>			
Phone: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		Living Status: <input type="checkbox"/> 1=Alone, 2=With Spouse Only, 3=With relatives, 4=With non-relatives, 5=With Spouse and others, 6=Others	
Marital Status: <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Never Married <input type="radio"/> Domestic Partner or Significant Other		Number in Household: <input type="text"/>	Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic
Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other Race <input type="radio"/> 2 or More Races <input type="radio"/> White (Alone) Hispanic			
Income Status: (Below Poverty Level) 100% <input type="radio"/> Yes <input type="radio"/> No 150% <input type="radio"/> Yes <input type="radio"/> No			Frail/Disabled: <input type="radio"/> Yes <input type="radio"/> No
Emergency Contact: <input type="text"/>		Phone: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
<b>SERVICES INFORMATION:</b>		Limited English Proficiency: <input type="checkbox"/> Primary Language: _____	
<b>Cluster II Services</b> <input type="checkbox"/> Congregate Meals <input type="checkbox"/> Nutrition Counseling <input type="checkbox"/> Assisted Trans.		<b>Cluster III Services</b> <input type="checkbox"/> Info & Referral <input type="checkbox"/> Legal Services <input type="checkbox"/> Transportation <input type="checkbox"/> Nutrition Education <input type="checkbox"/> Outreach <input type="checkbox"/> Other	
<b>Determining Nutritional Health</b>			
Read the statements below. Circle the number in the "YES" column for those that apply to you or someone you know. For each answer, score that number in the box. Total your nutritional score and compare below.			
			<b>YES</b>
I have an illness/condition that made me change the kind/amount of food I eat.			2
I eat fewer than 2 meals a day.			3
I eat few fruits or vegetables, or milk products.			2
I have 3 or more drinks of beer, liquor or wine almost every day.			2
I have tooth or mouth problems that make it hard for me to eat.			2
I don't always have enough money to buy the food I need.			4
I eat alone most of the time.			1
I take 3 or more different prescribed or over-the-counter drugs a day.			1
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 and/or feed myself.			2
<b>TOTAL</b>			
A score of 0-2 means Good, recheck at six months.			
A score of 3-5 means you are at moderate nutritional risk and need to see what you can do to improve eating habits and make life-style changes.			
A score of 6 or more means you are at a high nutritional risk. Take the checklist to a doctor, dietitian or qualified health or social service professional and talk to them. Ask for definite ways to improve your nutritional health.			

