



ENOA Diner's Choice Intake Information

Gender (Circle one) Female Male

Date: _____

*Name: _____ *Date of Birth: _____

*Address _____

*Town _____ *Zip _____ *Phone Number _____

- *Race:**
- _____ American Indian/Alaska Native
 - _____ Asian
 - _____ Black/African American
 - _____ Hispanic or Latino
 - _____ Native Hawaiian/Pacific Island
 - _____ White

- *Ethnicity:**
- _____ Hispanic or Latino
 - _____ Not Hispanic or Latino
 - _____ No response

- *Monthly Income (Circle one)**
- Single person above \$ 1,132.50 Yes No
- Married couple above \$ 1,525.83 Yes No

- *Participant status for meals:**
- _____ 60+ Person
 - _____ Less than 60 spouse of 60+ person
 - _____ Less than 60 disabled person residing with 60+ Person

- *Lives with:**
- _____ Alone
 - _____ In a group setting
 - _____ With other family/friends
 - _____ With spouse

***Marital Status: (Circle one)** Single Married Divorced Widow/Widower

***Emergency Contact:** (Please include name & phone number) _____

***ALL "BOLD AREAS" ARE MANDATORY AND MUST BE COMPLETED**

***Please circle Yes or No to the following questions:**

- Has an illness or medical condition made you change the way you eat? Yes No
- Do you eat fewer than 2 meals a day? Yes No
- Do you eat less than one serving of milk or fruits and vegetables a day? Yes No
- Do you drink 3 or more glasses of beer, liquor, or wine every day? Yes No
- Do you have problems with your teeth or mouth that make it hard to eat? Yes No
- Do you have enough money to buy the food you need? Yes No
- Do you eat alone most of the time? Yes No
- Do you take 3 or more different prescription or over the counter drugs daily? Yes No
- Have you gained or lost more than 10 pounds in the last 6 months without wanting to? Yes No
- Are you able to do your own grocery shopping and cooking? Yes No

Release of Information: I consent to the release of information in this document so I can receive services. I understand the information in this document will be released to the Eastern Nebraska Office on Aging, and service providers as listed to enable the delivery of services and program monitoring.

Customer/Guardian Signature _____ Date _____