



ENOA Diner's Choice Intake Information

Date: _____ Gender (Circle one) Female Male

*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 \$ 1563.00 Yes No
Married couple above \$ 1755.00 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 _____