

**MARC CLIENT INTAKE FORM - CONGREGATE MEALS**

**Client Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender: M F      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      SSN: \_\_\_\_\_      DCN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_      Living Alone: \_\_\_ Y \_\_\_ N

County: \_\_\_ Cass      \_\_\_ Clay      \_\_\_ Jackson      \_\_\_ Platte      \_\_\_ Ray      \_\_\_ Other:

**Primary Emergency Contact:**

Name: \_\_\_\_\_      Aware they are emergency contact? Y N

Home Number: \_\_\_\_\_      Work Phone: \_\_\_\_\_      Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_      Email: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      Zip: \_\_\_\_\_

**Marital Status:**      \_\_\_ Single      \_\_\_ Married      \_\_\_ Divorced      \_\_\_ Partnered

                                 \_\_\_ Separated      \_\_\_ Widowed (date of spouse's death):

**Eligibility:**      \_\_\_ Age      \_\_\_ Eligible Spouse      \_\_\_ Volunteer

                                 \_\_\_ 18-59 Disabled      \_\_\_ 18-59 Cong. Fac. Res.      \_\_\_ 18-59 DRAH & AOP

**Ethnicity:**      \_\_\_ Hispanic/Latino      \_\_\_ Not Hispanic/Latino

**Race (mark more than one if necessary):**      \_\_\_ African-American      \_\_\_ American Indian/Native Alaskan

                                 \_\_\_ Asian      \_\_\_ Native Hawaiian/Pacific Islander      \_\_\_ White      \_\_\_ Other:

**Income:**      \_\_\_ Subsidized/Low-Income Housing      \_\_\_ Medicaid      \_\_\_ SSI      \_\_\_ Food Stamps

                                 \_\_\_ Low Income      Other:

<b>Nutritional Status</b>	Yes	Comment
I have an illness or condition that made me change the kind/amount of food I eat.	2	
I eat fewer than 2 meals per day.	3	
I eat few fruits, vegetables, or milk products.	2	
I have 3 or more drinks of beer, liquor, or wine almost everyday.	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 gained or lost 10 pounds in the past 6 months	2	Change:
I am not always physically able to shop, cook or feed myself.	2	Which:
Total score for each Yes response (0-2: low risk; 3-5 moderate risk; 6 or more high risk)		Risk level:

Service Provider:	Service Area	Services: Congregate meals      Transportation
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Client Signature	Date
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