

# ST. MARY'S DEPARTMENT OF AGING & HUMAN SERVICES REGISTRATION FORM

<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>	
<b>NICK NAME</b>		<b>DATE OF BIRTH</b>		<b>SEX</b>	
				M <input type="checkbox"/> F <input type="checkbox"/>	
<b>911 STREET ADDRESS</b>			<b>MAILING ADDRESS</b>		
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>		<b>COUNTY</b>
<b>HOME PHONE #</b>		<b>MARITAL STATUS</b>			
(      )		MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			
		DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/>			
<b>EMERGENCY CONTACT #</b>		<b>EMERGENCY CONTACT NAME</b>		<b>EM CT RELATIONSHIP</b>	
(      )					
<b>RACE</b>					
WHITE <input type="checkbox"/> 2 OR MORE RACES <input type="checkbox"/> OTHER <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/>					
<b>LIVING ARRANGEMENTS</b>					
<input type="checkbox"/> ALONE		<input type="checkbox"/> WITH SPOUSE/FRIEND			
<input type="checkbox"/> WITH FAMILY/ADULT CHILD		<input type="checkbox"/> HIRED CAREGIVER/ASSISTED LIVING			
<input type="checkbox"/> DISABLED ADULT CHILD		<input type="checkbox"/> REFUSED TO ANSWER			
<b>MONTHLY INCOME</b>		<b>ETHNICITY</b>		<b># IN HOUSEHOLD</b>	
\$1,012.00 Single Above / Below \$1,372.00 Couple Above / Below		Circle One Hispanic or Latino Not Hispanic or Latino			
<b>DOCTOR NAME</b>			<b>DOCTOR PHONE #'S</b>		
			(      ) (      )		
<b>REGISTERED VOTER</b>				<b>NEWSLETTER</b>	
Please circle one				Do you want to receive	
I AM REGISTERED		NO I DECLINE	I WANT TO REGISTER		YES NO
<b>SPECIAL ELIGIBILITY</b>					
<input type="checkbox"/> VOLUNTEER		<input type="checkbox"/> EMERGENCY			
<input type="checkbox"/> SPOUSE OF CLIENT		<input type="checkbox"/> DISABLE UNDER 60			
<b>E-MAIL ADDRESS</b>		<b>CLIENT</b>	<b>CAREGIVER</b>	<b>Who is care for/relationship?</b>	
		<input type="checkbox"/>	<input type="checkbox"/>		
<b>UNITED STATES MILITARY VETERAN</b>					
YES		NO			
<b>Date:</b> _____		_____ STAFF SIGNATURE			

# MARYLAND DEPARTMENT OF AGING AND HUMAN SERVICES

## Informed Consent

### NOTICE

- ◆ The information you put on this form will be used to (1) help improve programs for seniors, or (2) find out if you qualify for a program. It may be shared with the Maryland Department of Aging (“MDoA”).<sup>10/09/2014</sup>
- ◆ The Commissioners of St. Mary’s County through the Department of Aging and Human Services, and MDoA will not voluntarily share any facts that identify you with anyone except people working for them who need the facts to perform their jobs. Facts that identify you include your name, social security number, address, and telephone number.
- ◆ You may refuse to give some or all of the information asked for. However, if a program is only for people who meet its qualifications (such as age, income, or health condition) and you do not share the facts that show you qualify, then you will not be able to take part in that program. St. Mary’s County Department of Aging and Human Services staff can tell you exactly which facts are needed to show you qualify for a program.
- ◆ You may look at a record that identifies you. You may do this to make sure the facts are right. To look at such a record you must write to St. Mary’s County Department of Aging and Human Services, Attention AIM/NAPIS Administrator, P.O. Box 653, Leonardtown, MD 20650 or Maryland Department of Aging, Attention AIM/NAPIS Administrator, 301 West Preston Street, Suite 1007, Baltimore, MD 21201.

I have read and understand the above Informed Consent Notice.

Please initial here \_\_\_\_\_ and sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

*The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.*

# DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number in the “yes” column for those that apply to you or someone you know. For each “yes” answer, score the number in the box.

	Yes	No
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	
I eat fewer than 2 meals per 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>		

Total Your Nutritional Score. If it's –

- 0-2 **Good!** Recheck your nutritional score in 6 months.
- 3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help.
- 6 + **You are at high nutritional risk.** The next time you see your doctor, dietitian or other qualified health or social service professional talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.

*These materials are developed and distributed by the Nutrition Screening Initiative, a project of:*  
AMERICAN ACADEMY OF FAMILY PHYSICIANS  
THE AMERICAN DIETETIC ASSOCIATION  
THE NATIONAL COUNCIL ON THE AGING, INC.

**The Nutrition Checklist is based on the Warning Signs described below.  
Use the word DETERMINE to remind you of the Warning Signs.**

## **D**ISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

## **E**EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

## **T**OOTH LOSS/MOUTH PAIN

A health mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well or cause mouth sores make it hard to eat.

## **E**ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less—or choosing to spend less—than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

## **R**EDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

## **M**ULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals when taken in large doses act like drugs and can cause harm. Alert your doctor to everything you take.

## **I**NVOLUNTARY WEIGHT LOSS/GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

## **N**EEDS ASSISTANT IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking foods, especially as they get older.

## **E**LDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.