

Welcome to

MEALS ON WHEELS OF THE MONTEREY PENINSULA # ID _____

REQUIRED CONFIDENTIAL INFORMATION FOR VOLUNTEERS & ACTIVITIES PARTICIPANTS
This includes all meal participants, program participants and instructors and all volunteers!

IDENTIFICATION & CONTACT INFORMATION

Last Name: _____

First Name: _____

Middle Initial: _____

AKA (Also Known As): _____

Date of Birth: _____ E-Mail Address: _____ **O Declined to State**

Address: _____ **O Unknown O Home O Mailing O Declined to State**

O Apt. ___ O Building ___ O Suite ___ O Room ___ O Floor ___ O Unit: ___ O Ward ___ O Other ___

City: _____ State: **O CA O Other: _____**

Zip Code: _____ County: **O Monterey O Other: _____ O Declined to State**

Phone: Cell: _____ Home: _____ Work: _____

EMERGENCY CONTACT

Last Name, First Name: _____ **O Declined to State**

Address: _____ **O Declined to State**

City: _____ State: **O CA O Other: _____** Postal Code: _____

Relationship to Client: **O Daughter/Son O Spouse/Partner O Neighbor O Relative O Other**

O Declined to State O Case Manager O Paid Caregiver O Physician

Phone#1: _____ **O Home O Work O Cell** Phone#2: _____ **O Home O Work O Cell**

DEMOGRAPHICS (All Meal Participants, Volunteers and Seniors)

Gender:

O Declined to State O Female O Male O Gender Queer/Gender nonbinary O Trans female O Trans male O Not listed

Sex at Birth:

O Declined to State O Female O Male

Sexual Orientation:

O Declined to State O Straight Heterosexual O Bisexual O Gay/Lesbian Same Gender Loving O Questioning/Unsure O Not Listed, Please Specify _____

If under 60 years old, Reason for Service:

O Declined to State O Meal Site Volunteer O Disabled O Lives in Elder Housing (Disabled) O Lives with Client O Meal Site Staff O Spouse O Other _____

DEMOGRAPHICS (CONT.)

Transportation: Declined to State Owns Car Friends or Family Public Transportation

Income Information:

Declined to State Above FPL At or Below FPL (FPL = \$1005/month single; \$1353/month married)

Race:

Declined to State African American Indian or Alaska Native Asian Indian Asian Other
 Cambodian Central American Chinese Cuban Filipino Guamanian Black or African American
 Hawaiian Japanese Korean Laotian Latino-Other Mexican American Middle Eastern
 Multiple Race Non-White Other Other Asian Other Pacific Islander Other Race Puerto Rican
 Russian Samoan South American Vietnamese White White Hispanic White Non-Hispanic

Ethnicity:

Declined to State Hispanic or Latino Non-Hispanic or Latino

Relationship Status:

Declined to State Single Married/Partner Widow/Widower

Employment Status:

Declined to State Work Fulltime Work Part Time Retired

Veteran Status:

Declined to State Veteran Nonveteran Spouse of Veteran

Urban/Rural:

Declined to State Urban Rural

Lives With:

Declined to State Alone Not Alone

**DINING LOCATION
(Mark all that apply)**

- Sally Griffin Active Living Center, Pacific Grove
- ~~Scholze Park Community Center~~, Monterey, El Estero Park Ctr./Dennis the Menace
- Oldemeyer Center, Seaside

NUTRITIONAL ASSESSMENT

This assessment is for all people eating food provided by Meals on Wheels, including volunteers and senior participants in the luncheon program. Please fill in the circle to indicate “Yes, No or Declined to State” for the questions below.

1.	I have an illness or condition that made me change the kind and/or amount of food I eat.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State
2.	I eat fewer than 2 meals per day.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State
3.	I eat few servings of fruits or vegetables or milk products.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State
4.	I have 3 or more drinks of beer, liquor or wine almost every day.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State
5.	I have tooth or mouth problems that make it hard for me to eat.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State
6.	I don't always have enough money to buy the food I need.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State
7.	I eat alone most of the time.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State
8.	I take 3 or more different prescribed or over-the-counter drugs a day.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State
9.	Without wanting to, I have lost or gained 10 pounds in the last 6 months.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State
10.	I am not always physically able to shop, cook and/or feed myself.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> Declined to State

VERIFICATION AND SIGNATURES

Client Signature: _____ **Date of Assessment:** _____

ID Checked: CA Drivers License CA ID Other

Staff/Vol Name: _____

Date Verified _____

Staff/Vol Name _____

Date of Data Entry to “GetCare” _____

Staff/Vol Name _____

Date of Data Entry to “ServTracker” _____