

Lorain County Office on Aging – Senior Dining Program Application

Name _____ Gender: Male Female
 (Please Print) First MI Last

Address: _____ Birth Date (Required) _____ Age: _____
 Street Address

_____ Disabled: Yes No
 City County Zip Code

Phone (____) ____ - ____ Last Four (4) Digits of Social Security # _____

Combined Household Income: One Family Member Less Than \$1,804 Per Month
 Two Family Members Less Than \$2,428 Per Month

EMERGENCY CONTACT: Name _____ Phone (____) ____ - ____

Relationship to Participant:
 Spouse/Partner Son/Daughter Neighbor Sibling Friend Niece/Nephew Other

Do you currently receive home delivered meals from ANY source?	Yes	or	No
Do you currently work a part-time or full time job? (self employed included)	Yes	or	No
How many times a week do you currently go out to eat? (without vouchers)	Yes	or	No
Do you have transportation to restaurants?	Yes	or	No
If yes, would you be willing to take part in a car pool?	Yes	or	No

Ethnicity:

- Caucasian (White)/ American
- African American
- Hispanic
- American Indian
- Asian/Pacific Islander
- Other (Specify)

Residence:

- House/Mobile Home
- Private Apartment
- Senior Housing
- Condo
- Other
- Limited English Speaking

Living Arrangements:

- Living Alone
- Living with family or friend
- Living with spouse/partner

Transportation:

- I drive myself
- I use family/friends/
Public Transportation

Nutrition Screen	Yes	No
Have you made serious changes in your eating habits because of a health problem?		
Do you eat fewer than 2 meals per day?		
Do you eat less than 5 servings of fruits/vegetables in a day?		
Do you eat less than 2 servings of dairy products (milk, cheese, or yogurt) a day?		
Do you often not have enough money to buy the food you need?		
Do you have trouble biting, chewing, or swallowing when you eat?		
Do you eat alone most of the time?		
Without wanting to, have you lost or gained 10 pounds in the last 6 months?		
Do you require help to shop or cook?		
Do you have 3 or more drinks of beer, wine or liquor a day?		
Do you take 3 or more different prescribed or over-the-counter medications?		

I have completed the entire application and everything above is true and correct.

Signature: _____ Date: _____

For Office Use Only: Score _____