State of Alaska DHSS Division of Senior & Disabilities Services

Consumer Characteristics for Nutrition, Transportation, & Support Services

Please complete this form annually (or sooner, if there has been a change in circumstances) for Registered Services under the Older Americans Act.
Data is critical for Federal Title III funds. Unauthorized use is strictly prohibited.
Information is protected by Privacy and Security Agreement.
Names and identifiers are not submitted. ***Thanks for your help!***

Name: First _____ **Initial** _____ **Last** _____

Birth Date _____ **Date this form completed** _____
Month Day Year Month Day Year

Address No change-check here ☐

Physical _____
Mailing (if different than above)
_____
Community _____
State Alaska ☐
Other ☐ _____ **Zip** _____
Phone _____
email _____

Do you live alone? Yes ☐ No ☐

Number in Home	Federal Income Guideline 1.18.18 Year	Month
1	$15,180	$1,265
2	$20,580	$1,715
3	$25,980	$2,165
4	$31,380	$2,615

For each additional person with income, add $ 5,400 / year

Is household income above ☐
or below ☐
the Income Guidelines for Alaska?

Gender Female ☐ Male ☐

Ethnicity Hispanic or Latino ☐ Not Hispanic or Latino ☐

Optional:
Emergency Contact: _____
Phone: _____

If you use personal or stand-by assistance, supervision or cues, to perform the following activities, please check the box.

Activities of Daily Living (ADLs)
- ☐ Eating
- ☐ Walking
- ☐ Dressing
- ☐ Toileting
- ☐ Bathing
- ☐ Transferring in/out of bed/chair

Instrumental Activities of Daily Living (IADLs)
- ☐ Preparing meals
- ☐ Shopping for personal items
- ☐ Medication management
- ☐ Managing money
- ☐ Using telephone
- ☐ Doing heavy housework
- ☐ Doing light housework
- ☐ Using available transportation

Ethnic Race (Check as many as apply)
- ☐ Alaskan Native/American Indian
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Total Score from Determine Your Nutritional Health (required for meals) ☐

For office use: *Initials* _____ ☐ *Referrals* _____
Site _____
Date _____
☐ *Follow up* *Follow up date*

1.29.18