



Welcome to the Wheeling Senior Services Lunch at the Center Congregate Dining Program. In order for your participation to be enjoyable, it is important that we all understand a few guidelines

- Funds (in whole/part) for this publication/program were provided through an award/contract from AgeOptions under the Older Americans Act Title III, Federal Administration on Aging, and through the Illinois Department on Aging.
- Each participant must be at least 60 years old with a few exceptions:
 - The spouse of participant 60 years or older
 - The caregiver of participant 60 years or older
 - Person with disabilities regardless of age who resides with someone 60 years or older
- The actual cost to provide each meal is \$8.00. Each participant is asked to contribute part of the cost of their meal. The suggested donation/contribution is \$5.00 per meal. All contributions are voluntary and confidential. No one will be denied service for inability to pay. For our frequent diners, we offer a 5-meal punch card for \$20.00. This card has no expiration date and is transferable.
- A congregate meal may be purchased for a homebound spouse or for the weekend as long as it does not deprive another older person of a meal. These meals should be ordered ahead of time, preferably when making reservations for your meal. These meals cost \$8.00 each.
- In order to assist in the planning of meal preparation, all participants must reserve their spot for dining at least 48 hours ahead of when they plan to attend, preferably 1 week in advance.
- ALL PARTICIPANTS MUST SIGN IN AT THE REGISTRATION TABLE PRIOR TO DINING.
- Demographic information will be collected initially at registration in order to better serve participants and to provide a vehicle to evaluate the effectiveness of the program. We ask for your cooperation.
- The Village of Wheeling does not discriminate in admission to programs or activities or treatment of employment in compliance with appropriate State and Federal Statutes. If you feel that you have been discriminated against, call (847)499-9090 or 1(800)699-9043.

Printed Name of Participant:

I have read and understand the information above.

Signature of Congregate Dining Participant

Date



NapisPak Intake: Personal Data

This section to be submitted each quarter for each client receiving services

First Name _____

MI _____

Last Name _____

Date Registered _____ / _____ / _____

Marital Status _____

Gender: Female _____ Male _____

Birth date _____ / _____ / _____

Current Number in Household _____

Home Phone _____

Street Address 1 _____

Street Address 2 _____

Town _____

State _____ County _____

This section to be completed only for new clients

Ethnicity(One must be checked):

Hispanic or Latino _____

Not Hispanic or Latino _____

Unknown _____

Race (One Must be checked):

American Indian/Native American _____

Asian _____

Black/African American _____

Native Hawaiian/Other Pacific Islander _____

White, non-Hispanic _____

White, Hispanic _____

Two or More races _____

Other _____

Race Missing _____

Additional Questions:

In Poverty Yes _____ No _____

Lives Alone Yes _____ No _____

Client Name _____

Provider Name _____

Nutritional Risk

This section to be completed only for new clients

Below, enter the correct number 1) Yes; 2) No, 3) Unknown, 4) Elect not to answer

I have an illness or condition that has made me change the kind or amount of food I eat _____

I take three or more different prescribed or over-the-counter drugs a day _____

I have tooth or mouth problems that make it hard for me to eat _____

Without wanting to, I have lost or gained ten pounds in the last six months _____

I am not always physically able to shop, cook, and/or feed myself _____

I eat less than two meals a day _____

I don't always have enough money to buy the food I need _____

I eat few fruits and vegetables, or milk products _____

I eat alone most of the time _____

I have three or more drinks of beer, liquor or wine almost every day _____

Special Diet (Check if appropriate):

Diabetic _____ Low Sodium _____ Low Fat/Cholesterol _____

Soft _____ Other _____

This section to be completed only for new clients

ADLs and IADLs – for Home Delivered Meals recipients only

For each of the following write:

0 – Independent/No Impairment

1 – Min Assist/Mild Impairment

2 – Mod Assist/ Some Impairment

3 - Max Assist/ Total Impairment

A – Need Assistance but refuse

D – Does not know if needed

E – Elect not to answer

Activities of Daily Living (ADLs) Indicate level of assistance needed

Eating _____

Dressing _____

Bathing _____

Toileting _____

Transferring in and Out of bed or chair _____

Grooming _____

Instrumental Activities of Daily Living (IADLs) Indicate level of assistance needed

Preparing Meals _____

Being Alone _____

Medication Management _____

Money Management _____

Telephone Use _____

Heavy Housework _____

Light Housework _____

Transportation _____