

CLIENT REGISTRATION FORM

LEGAL NAME

(First/Last): _____

NICKNAME: _____

GENDER: MALE FEMALE

DATE OF BIRTH: _____

PHONE NUMBER: (_____) _____

ADDRESS: _____
Street **(City, State, Zip Code)**

MAILING ADDRESS (If Different): _____
Street **(City, State, Zip Code)**

No Current Address/Residence

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

HOME PHONE: (_____) _____ WORK/CELL PHONE: (_____) _____

ETHNICITY

- HISPANIC OR LATINO
 NON-HISPANIC OR LATINO

RACE

- WHITE/CAUCASIAN ASIAN
 BLACK/AFRICAN AMERICAN
 AMERICAN INDIAN/ALASKA NATIVE
 NATIVE HAWAIIAN/PACIFIC ISLANDER
 OTHER: _____

DO YOU?

LIVE ALONE? YES NO

ARE YOU?

A VETERAN/SERVED IN ARMED FORCES?

YES NO

LANGUAGE

- ENGLISH SPANISH
 OTHER: _____

SITE

- COLD SPRINGS CONTINUUM
 DAYBREAK GERLACH LAZY 5
 METRO GARDENS MORE TO LIFE
 NEIL RD RAINBOW BEND RENO
 SPARKS SUN VALLEY

YOUR INCOME IS*:

- BELOW POVERTY **OR** ABOVE POVERTY
(select one)

*See back of form for income guidelines

I was provided the "Notice of Privacy Practices"

Client Signature: _____

Date: _____

Turn Over to Complete

CLIENT REGISTRATION FORM

Determine Your Nutritional Health

Circle each that applies to your nutritional habits	
1. I have an illness or condition that made me change the kind and/or amount of food I eat.	2 points
2. I eat fewer than 2 meals per day.	3 points
3. I eat few fruits or vegetables, or milk products.	2 points
4. I have 3 or more drinks of beer, liquor, or wine almost every day.	2 points
5. I have tooth or mouth problems that make it hard for me to eat.	2 points
6. I don't always have enough money to buy the food I need.	4 points
7. I eat alone most of the time.	1 point
8. I take 3 or more different prescribed or over-the-counter drugs a day.	1 point
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2 points
10. I am not always physically able to shop, cook and/or feed myself.	2 points
Please Total Your Nutritional Score	

If your score is

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. Refer to the attached handout for helpful tips. Recheck your nutritional score in 3 months.

6+ **You are at high nutritional risk.**

Bring this checklist 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.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES 2022 FEDERAL POVERTY GUIDELINES

Size of Family Unit	Federal Poverty Guidelines	
	48 Contiguous States and D.C.	
	Annual Income	Monthly Income
1	\$13,590	\$1,135.50
2	\$18,310	\$1,525.83
3	\$23,030	\$1,919.16
4	\$27,750	\$2,312.50

Print Name: _____ **Date:** _____