

**BUCKS COUNTY AREA AGENCY ON AGING
CENTER REGISTRANT DATA SHEET**

CENTRAL BUCKS SENIOR CENTER

DATE: _____

CHECK ALL THAT APPLY: Center Visit Noon Meal BC Transport

NAME: Mr. Mrs. Ms. _____
First Middle Initial Last

RESIDENTIAL ADDRESS: _____
 Town _____ State _____ Zip _____ County _____
 Municipality (choose one from other side of this page) _____

MAILING ADDRESS: (if different than residence) _____
 Town _____ State _____ Zip _____ County _____

TELEPHONE # _____ **SOCIAL SECURITY #** (last 4 digits) _____

DATE OF BIRTH _____ MALE FEMALE

LIVING SITUATION: Alone With Spouse With Other Family Member

INCOME: Unmarried with annual income of \$12,760 or less..... yes no (or)
 Husband and wife combined annual income of \$17,240 or less..... yes no

MARITAL STATUS: Divorced Married Separated Single Widowed

EMERGENCY CONTACT: Name _____
 Address _____
 Telephone# _____ Relationship _____

COMPLETE "BOTH" ETHNICITY AND ETHNIC RACE:

- | | |
|---|--|
| <p>ETHNICITY: (must check 1 of 2 boxes)</p> <input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Not Hispanic/Latino | <p>ETHNIC RACE: (must check 1 of 7 boxes)</p> <input type="checkbox"/> American Indian/Alaska <input type="checkbox"/> Non-Minority (white or non-Hispanic)
<input type="checkbox"/> Asia <input type="checkbox"/> White Hispanic
<input type="checkbox"/> Black/African America <input type="checkbox"/> Other
<input type="checkbox"/> Hawaiian/Pacific Islander |
|---|--|

Nutrition Information		Yes
I have an illness/condition that made me change the kind and/or amount of food I eat.		2
I eat fewer than 2 meals per day.		3
I eat few fruits or vegetables, or milk products.		2
I have 3 or more drinks of beer, liquor, or wine almost every day.		2
I have tooth or mouth problems that make it hard for me to eat.		2
I don't always have enough money to buy the food I need.		4
I eat alone most of the time.		1
I take 3 or more different prescribed or over-the-counter drugs a day.		1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.		2
I am not always physically able to shop, cook and/or feed myself.		2
TOTAL SCORE:		
0-2	Good! Recheck your nutritional score in 6 month.	
3-5	You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your Office on Aging, Senior Nutrition Program, Senior Citizens Center or Health Department can help. Recheck your nutritional score in 3 months.	
6 or More	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.	
NUTRITIONAL RISK SCORE OF 6 OR HIGHER: <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>Rev. 1/30/2020</i>

BUCKS COUNTY MUNICIPALITIES/TOWNSHIPS

LOWER BUCKS

Bensalem Township
Bristol Borough
Bristol Township
Falls Township
Hulmeville Borough
Langhorne Borough
Langhorne Manor Borough
Lower Makefield Township
Lower Southampton Township
Middletown Township
Morrisville Borough
Pennel Borough
Tullytown Borough
Yardley Borough

CENTRAL BUCKS

Buckingham Township
Chalfont Borough
Doylestown Borough
Doylestown Township
Ivyland Borough
New Britain Borough
New Britain Township
New Hope Borough
Newtown Borough
Newtown Township
Northampton Township
Plumstead Township
Solebury Township
Upper Makefield Township
Upper Southampton Township
Warminster Township
Warrington Township
Warwick Township
Wrightstown Township

UPPER BUCKS

Bedminster Township
Bridgeton Township
Dublin Borough
Durham Township
East Rockhill Township
Haycock Township
Hilltown Township
Milford Township
Nockamixon Township
Perkasie Borough
Quakertown Borough
Richland Township
Richlandtown Borough
Riegelsville Borough
Sellersville Borough
Silverdale Borough
Springfield Township
Telford Borough
Tinicum Township
Trumbauersville Borough
West Rockhill Township