



LUNCH CAFÉ PROGRAM CLIENT REGISTRATION FORM

SITE ONLY	
<input type="checkbox"/> 62 & Over (CDBG)	Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
By: _____	
Print Staff Name	
<input type="checkbox"/> Eligible Volunteer	
<input type="checkbox"/> Eligible Spouse	
<input type="checkbox"/> Eligible Disabled	

PLEASE "PRINT" ALL INFORMATION ON THIS FORM

This information is being collected for total program purposes and does not have any bearing on your participation. All information will remain confidential. This program is funded in part by the U.S. Department of Housing and Urban Development (HUD).

Site Name: Yorba Linda

Registration Date:

Client ID #:	
First Name:	
Last Name:	
*Birth Date:	
Home Phone #:	
Title III B Eligibility: Are you age 60 or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Branch:	
Residential Address:	
Street:	
City:	
*Zip Code:	
*Rural?	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Decline to State
*Living Arrangement	<input type="checkbox"/> Lives Alone <input type="checkbox"/> Doesn't Live Alone <input type="checkbox"/> Decline to State
Female Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No
A <u>female</u> who maintains a household for themselves, a dependent or non-dependent relative, and provides more than half of the dependent's financial support.	
Disable	<input type="checkbox"/> Yes <input type="checkbox"/> No
A physical, mental or emotional condition lasting longer than 6 months or more that makes it difficult to perform basic physical activities; such as walking, climbing stairs, reaching, lifting or carrying.	

*Gender/Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined to State
Sex at Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
Sexual Orientation	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined to State
*Ethnicity:	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
*Race: (Please Check ONE)	
<input type="checkbox"/> White <input type="checkbox"/> Black/ African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race (check all that apply)	
Asian:	
<input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cambodian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian	
Hawaiian/Other Pacific Islander:	
<input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to State	
Hispanic: (CDBG)	
<input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic/Latino	
TURN OVER	

*Federal Poverty Level (FPL)	<input type="checkbox"/> At or below Federal Poverty Level = Level 1 below <input type="checkbox"/> Above Federal Poverty Level = Level 2-5 below <input type="checkbox"/> Declined to State
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Monthly Income Levels	Check ONE	# Persons in Household: _____			
		1 Person	2 People	3 People	4 People
*FPL	<input type="checkbox"/> 1	\$0 - \$1,063	\$0 - \$1,437	\$0 - \$1,810	\$0 - \$2,183
30%	<input type="checkbox"/> 2	\$1,064 - \$2,246	\$1,438 - \$2,567	\$1,811 - \$2,888	\$2,184 - \$3,204
50%	<input type="checkbox"/> 3	\$2,247 - \$3,738	\$2,568 - \$4,271	\$2,889 - \$4,804	\$3,205 - \$5,338
80%	<input type="checkbox"/> 4	\$3,739 - \$5,979	\$4,272 - \$6,833	\$4,805 - \$7,688	\$5,339 - \$8,538
Over 80%	<input type="checkbox"/> 5	\$5,980 and above	\$6,834 and above	\$7,689 and above	\$8,539 and above
	<input type="checkbox"/> Declined to State				<i>Income Levels eff. 4/1/20</i>

*Nutritional Assessment: (Circle an answer for each question)	No	Yes
Declined to State:	<input type="checkbox"/>	
I have an illness or condition that made me change the kind and/or amount of food I eat?	0	2
I eat fewer than 2 meals per day?	0	3
I eat few fruits or vegetables, or milk products?	0	2
I have 3 or more drinks of beer, liquor, or wine almost every day?	0	2
I have tooth or mouth problems that make it hard for me to eat?	0	2
I do not always have enough money to buy the food I need?	0	4
I eat alone most of the time?	0	1
I take 3 or more different prescribed or over-the-counter drugs per day?	0	1
Without wanting to, I have lost or gained 10 pounds in the past 6 months?	0	2
I am not always physically able to shop, cook, and/or feed myself?	0	2
Total Score Today:		
<i>(If equal to or greater than 6, the client is at high nutritional risk.)</i>		

Emergency Contact:	Name: _____ Relationship: _____ Phone: () _____
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I certify this information provided is true to the best of my knowledge. If necessary, I will provide the information required to verify this information given.

Client Signature _____
Date

****SITE MANAGERS:** If the participant "declines to state" any information on this form, the site manager must "DTS and initial those fields."
***Bold & italic** items are for CARS informational purposes.