LUNCH CAFÉ PROGRAM
CLIENT REGISTRATION FORM

SITE ONLY
☐ 62 & Over (CDBG)
Verified: ☐Yes ☐ No
By: ________________
Print Staff Name
☐ Eligible Volunteer
☐ Eligible Spouse
☐ 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:	Registration Date:

Client ID #:	
First Name:	
Last Name:	
****Birth Date*:**	
Home Phone #:	
Title III B Eligibility: Are you age 60 or over?	☐ Yes ☐ No
Veteran:	☐ Yes ☐ No
Branch:	
Residential Address:	
Street:	
City:	
****Zip Code:***	
****Rural?***	☐ Rural ☐ Urban ☐ Decline to State
**Living Arrangement*	☐ Lives Alone ☐ Doesn't Live Alone ☐ Decline to State
Female Head of Household	☐ Yes ☐ No
A female who maintains a household for themselves, a dependent or non-depended relative, and provides more than half of the dependent's financial support.	
Disabled	☐ Yes ☐ 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**	☐ Male ☐ Female ☐ Transgender Female to Male ☐ Transgender Male to Female ☐ Genderqueer/Gender Non-binary ☐ Other: ____________ ☐ Declined to State
Sex at Birth	☐ Male ☐ Female ☐ Declined to State
Sexual Orientation	☐ Straight/Heterosexual ☐ Bisexual ☐ Gay/Lesbian/Same-Gender Loving ☐ Questioning/Unsure ☐ Other: ____________ ☐ Declined to State
****Ethnicity:***	☐ Not Hispanic/Latino ☐ Hispanic/Latino ☐ Declined to State

****Race:*** (Please Check ONE)

☐ White ☐ Black/ African American
☐ American Indian/Alaska Native
☐ Other Race
☐ Multiple Race (check all that apply)

Asian:
☐ Chinese ☐ Korean ☐ Laotian
☐ Japanese ☐ Vietnamese ☐ Cambodian
☐ Filipino ☐ Asian Indian ☐ Other Asian

Hawaiian/Other Pacific Islander:
☐ Guamanian ☐ Hawaiian ☐ Samoan
☐ Other Pacific Islander
☐ Declined to State

Hispanic: (CDBG)
☐ Mexican ☐ Cuban
☐ Puerto Rican ☐ Other Hispanic/Latino

TURN OVER

Federal Poverty Level (FPL)	☐ At or below Federal Poverty Level = **Level 1 below** ☐ Above Federal Poverty Level = **Level 2-5 below** ☐ Declined to State

Monthly Income Levels	**Check ONE**	**# Persons in Household: _________**			
		1 Person	2 People	3 People	4 People
FPL	☐ 1	$0 - $1,073	$0 - $1,452	$0 - $1,830	$0 - $2,208
30%	☐ 2	$1,074 - $2,354	$1,453 - $2,692	$1,831 - $3,029	$2,209 - $3,363
50%	☐ 3	$2,355 - $3,925	$2,693 - $4,483	$3,030 - $5,046	$3,364 - $5,604
80%	☐ 4	$3,926 - $6,275	$4,484 - $7,171	$5,047 - $8,067	$5,605 - $8,963
Over 80%	☐ 5	$6,276 and above	$7,172 and above	$8,068 and above	$8,964 and above
	☐ Declined to State				*Income Levels eff.4/1/21*

***Nutritional Assessment*: (Circle an answer for each question)**	**No**	**Yes**
Declined to State:		☐
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: *(If equal to or greater than 6, the client is at high nutritional risk.)*		

Emergency Contact:	Name: ______________________________ Relationship: ______________________________ Phone: ( ) ______________________________

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.