



agewellvt.org  
Helpline: 1-800-642-5119  
P 802-865-0360  
F 802-865-0363  
875 Roosevelt Hwy, Ste. 210  
Colchester, VT 05446



Help our  
community  
Age Well.  
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agewellvt.org



## CONGREGATE MEAL REGISTRATION FY22

*Food where you choose*

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are under 60, please circle all that apply to you:

Staff      Spouse      Guest      Volunteer      Dependent Child      Caregiver

Gender: Male   Female   Prefer to Self-describe: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Town or City of Residence (If different than Mailing Address): \_\_\_\_\_

Email address: \_\_\_\_\_

I am interested in receiving an email with Age Well's newsletter.    Yes    No

Ethnicity (check one):  
\_\_\_\_\_ Not Hispanic or Latino  
\_\_\_\_\_ Hispanic/Latino

Are you a Veteran?    Yes    No  
Are you a Spouse of a Veteran?    Yes    No

Race (check one):  
\_\_\_\_\_ White                      \_\_\_\_\_ American Indian or Alaskan Native                      \_\_\_\_\_ Asian  
\_\_\_\_\_ Black/African American                      \_\_\_\_\_ Native Hawaiian or Other Pacific Islander                      \_\_\_\_\_ Other

Who do you live with (Circle one)?    Alone    With Others    Spouse/Partner

If you live with a Spouse/Partner is your combined monthly income below \$1,451?    Yes    No

If you live alone or with others is your monthly income below \$1,073?    Yes    No



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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give permission for Age Well to use any photos of me taken at meal sites or events. Yes No

### FY22 NUTRITION RISK ASSESSMENT

Instructions: Read the statements below. Circle the number in the “Yes” column for the statements that apply to you. For each “yes”, total the number in the boxes for your nutrition score.

Nutrition Checklist	Yes
1. I have an illness/condition that made me change the food and/or amount I eat	2
2. I eat fewer than 2 meals per day.	3
3. I eat few fruits/vegetables daily.	1
4. I eat few of dairy products (milk, yogurt, or cheese) daily.	1
5. I have 3 or more drinks of beer, liquor or wine almost every day.	2
6. I have teeth or mouth problems that make it hard for me to eat.	2
7. I don't always have enough money to buy the food I need.	4
8. I eat alone most of the time.	1
9. I take 3 or more prescribed or over-the-counter drugs a day.	1
10. Without wanting to, I have lost or gained more than 10 pounds in the last 6 months.	2
11. I am not always able to shop, cook and/or feed myself.	2
<b>Total Score:</b>	

What does your total score mean? If it is:

0-2 That's good! Recheck your nutrition score in 6 months.

3-5 You are at moderate nutrition risk. See what you can do to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center, health department, and/or physician can help you interpret these results. Recheck your nutrition score in 3 months.

6+ You are at high nutrition risk. You may want to talk with your doctor, registered dietitian, or other qualified health or social service professional about how to interpret these results.

**Age Well** is a nonprofit organization that serves Addison, Chittenden, Franklin and Grand Isle counties and is the largest Meals on Wheels provider in Vermont. Our mission is to provide the support and guidance that inspires our community to embrace aging with confidence. To learn more and donate, visit: [agewellvt.org](http://agewellvt.org)