



The Federal Older Americans Act Program partially funds this program and requires data collection to demonstrate that the program is beneficial and making a difference in people's lives.

- Registration information is held in the strictest confidence. Once completed, registration information is entered into a secured federal reporting database, and program participants are never identified by name.
- Thank you in advance for taking a few moments to complete the information on the inside of the brochure.

## Who We Are

### About Us

In everything we do,

- We challenge ageism and aging stereotypes,
- We celebrate the wisdom and experience of age, provide opportunities for meaningful service, and work with those we serve to enhance their personal growth, purpose and well-being.
- Our services are innovative and designed with the needs, wants and aspirations of older adults in mind.

### Contact Us at

Phone: 920-869-1551

Email: [lmenches@oneidanation.org](mailto:lmenches@oneidanation.org)

Web: <https://oneida-nsn.gov/ElderServices/>

"The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."



### Oneida Elder Congregate Meal Site

2901 S. Overland Rd.  
Oneida, WI 54155



## Welcome to *Oneida Elder Congregate Meal Site*

Connections,  
Nourishment,  
Fun, and Life  
Enrichment!

*Assisting our elders to maintain  
an independent, healthy,  
productive, and quality lifestyle  
through love, caring, and respect.*

# Senior Dining Registration Form

Today's Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

Please circle:  Male  Female

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

\_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

**1. Emergency Contact** (if needed while dining with us, please provide at least one local contact that knows where you usually are):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**2. Emergency Contact** (if needed while dining with us, please provide at least one local contact that knows where you usually are):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**Sign up today to enjoy meals on a donation basis if you are age 55+.**

**The following data is asked by our funders and will not be disclosed by name.**

**Please circle 1 of the following:**

White

African American

Asian

Hispanic

American Indian

Other: \_\_\_\_\_

**Are you:** Married  Single

Divorced  Widowed

**Do you live alone?** Yes  No

**If you live alone, is your income below \$11,880 a year?** Yes  No

**If there are 2 people living in your home, is your income below \$16,020 per year?** Yes  No

You may be at risk for developing nutrition related concerns, many of which can be reversed with education and appropriate referrals. **Please circle "YES" for any of the following that apply.**

Questions Risk	Questions	Yes
1.	I have an illness or condition that made me change the kind and/or amount of food I eat.	2
2.	I eat fewer than 2 meals per day.	3
3.	I eat few fruits or vegetables, or milk products.	2
4.	I have 3 or more drinks of beer, liquor or wine almost every day.	2
5.	I have tooth or mouth problems that make it hard for me to eat.	2
6.	I don't always have enough money to buy the food I need.	4
7.	I eat alone most of the time.	1
8.	I take 3 or more different prescribed or over-the-counter medications a day.	1
9.	Without wanting to, I have lost or gained 10 or more pounds in the last 6 months.	2
10.	I am no always physically able to shop, cook, and/or feed myself.	2
<b>TOTAL</b>		

**Nutritional Health Score:**

0 – 2 Good

3 – 5 Moderate Nutritional Risk

6+ High Nutritional Risk

**We have educational information for each "yes" question.**