

St. Marys Senior Center Nutrition Program

The Staff with the St. Marys Senior Center would like to take this opportunity to thank you for your continued interest in our center and its Nutrition Program. Please complete the following information to help provide you with the best service tailored to your needs.

Member Information:

First Name:	Last Name:	Birth Date:
Street Address:		APT:
City:	State:	Zip Code:
Mailing Address: (if different)		
Home Telephone #:	Other Contact #:	
Email:		

Determine your Nutritional Health: (for each item, circle the number in the appropriate column)

I have an illness or 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 do not 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 weight in the past 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	3
Total Points	

Living Arrangement:

Live Alone Do Not Live Alone Number of Household Members: _____

Transportation:

I have access to transportation Yes No

I understand that the information I am providing on this form is for registration purposes. I understand it will be kept confidential.

Signature: _____

Date: _____