



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

NAPIS (National Aging Program Information System) Intake

Site: _____

Member Number: _____

Today's Date: _____

Veteran: _____

Circle: New Client (Initial Assessment) Returning Client (Re-assessment)

PLEASE PRINT LEGIBLY

1. First Name and Middle Initial:		5. Phone:
2. Last Name:		()
3. Address:		6. Date of Birth:
4. City, State, Zip:		/ /
		MM/DD/YYYY
7. Emergency Contact Name:		8. Emergency Contact Relationship:
9. Emergency Contact Phone Number:		
()		
10. Gender: (circle)	11. Living Arrangement: (circle)	12. Lives: (circle)
Male	Alone	Rural
Female	With Someone	Non-Rural
Unknown	Unknown	Unknown
13. Income: (circle)	14. Race: (circle)	15. Marital Status: (circle)
<i>Poverty guidelines are:</i>	White	Single/Widowed
1 in household=\$13,590	Hispanic	Married
2 in household=\$18,310	American Indian/Alaskan	Divorced
3 in household=\$23,030	Asian	Separated
4 in household=\$27,750	African American	Unknown
Above Poverty	Hawaiian/ Pacific Islander	
At or Below Poverty	Two or More	
Refused to Answer	Other	
Unknown	Unknown	

The information provided above is true and correct to the best of my knowledge:

Signed: _____ Date: _____

PLEASE COMPLETE OTHER SIDE ALSO

DETERMINE YOUR NUTRITIONAL HEALTH

Participant Signature: _____

Date: _____

All applications over age 60 must complete.

Read the statements below. Circle the number under the column for the answer which applies.
Total the nutritional score at the bottom.

Question	If yes, score...	If no, score...
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
I eat fewer than 2 meals per day.	3	0
I eat few fruits or vegetables or milk products.	2	0
I have 3 or more drinks of beer, liquor or wine almost every day.	2	0
I have tooth or mouth problems that make it hard for me to eat.	2	0
I don't always have enough money to buy the food I need.	4	0
I eat alone most of the time.	1	0
I take 3 or more different prescribed or over-the-counter drugs a day.	1	0
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0
I am not always physically able to shop, cook and/or feed myself.	2	0
Total Score		

Total Your Nutritional Score. If it's –

0-2 Good! Recheck your nutritional score in **6 months**.

3-5 You are at **moderate** nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in **3 months**.

6 + You are at **high** nutritional risk. Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. To learn more about the Warnings Signs of poor nutritional health, see the DETERMINE warning signs attachment.

STOP HERE

Answer these only if client received home delivered meals or adult day care services.

Activities of Daily Living (ADL)

Do you have any difficulties with:

1.	Bathing	I	A	D
2.	Dressing	I	A	D
3.	Transferring/ Walking	I	A	D

Instrumental Activities of Daily Living (IADL)

Do you have any difficulties with:

1.	Using the Telephone	I	A	D
2.	Shopping	I	A	D
3.	Preparing Meals	I	A	D

- 4. Toileting
- 5. Eating

I		A		D	
I		A		D	

- 4. Housekeeping
- 5. Taking Medications
- 6. Finance & Money

I		A		D	
I		A		D	
I		A		D	

I = Independent A = Assistance D = Dependent

Total ADL/IADL Difficulties (The Sum of all A + D =): _____