

## Form 5 - Consumer Registration Form

**Personal** CCCI / CHCPE:  Y  N

Consumer Name	First:		Last:	
Date	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other			
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Widowed
Birth Date	SSN (Social Security): 0 0 0 - 0 0 -			
Default Agency	WCAAA		Phone Number:	
Email Address				
Street:				
Town:	State:		Zip Code:	

**Has Alzheimer's disease or a related dementia:**

None  Early Onset Dementia  Mild  Moderate  Severe

**Provider/Agency Name**

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

**Caregiver / Emergency Contact**

Name:	Phone:	
Address:		
Town:	State:	Zip Code:
Relationship	<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Grandparent <input type="checkbox"/> Relationship Missing <input type="checkbox"/> Daughter <input type="checkbox"/> Daughter-in-Law <input type="checkbox"/> Other Relative <input type="checkbox"/> Son <input type="checkbox"/> Son-in-Law <input type="checkbox"/> Non-Relative	

**Demographics**

Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:
Speaks English:	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
Housing	<input type="checkbox"/> Private Home <input type="checkbox"/> Private Apartment <input type="checkbox"/> Senior Housing <input type="checkbox"/> Congregate Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Residential Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other:

Income <small>(2021 poverty guidelines)</small>	<p><b>I live alone or with someone other than a spouse and my monthly income is about:</b></p> <p><input type="checkbox"/> At or Below \$1,073 (100%) <input type="checkbox"/> \$1,074 - \$1,342 (125%) <input type="checkbox"/> \$1,343 - \$1,610 (150%)  <input type="checkbox"/> \$1,611 - \$1,878 (175%) <input type="checkbox"/> \$1,879 - \$2,147 (200%) <input type="checkbox"/> \$2,148 or over (over 200%)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>I live with my spouse and our monthly income is about:</b></p> <p><input type="checkbox"/> At or Below \$1,452 (100%) <input type="checkbox"/> \$1,453 - \$1,815 (125%) <input type="checkbox"/> \$1,816 - \$2,178 (150%)  <input type="checkbox"/> \$2,179 - \$2,540 (175%) <input type="checkbox"/> \$2,541 - \$2,903 (200%) <input type="checkbox"/> \$2,904 or over (over 200%)</p>
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**Demographics (Continued)**

Living Arrangements  Alone  With Spouse  With Unmarried Partner  With Spouse and Child/Children  
 With Child, No Spouse  With Grandchildren  With Other Relatives  With Others

**Functional Status**

ADL/IADL  Eating  Getting Out of Bed/Chair  Managing Money  Taking Medicine  
*I need help with these activities:*  Dressing  Continence  Using the telephone  Using Transportation  
 Bathing/Washing  Planning/Preparing Meals  Housekeeping  
 Using the Toilet  Shopping  Doing Laundry

**Nutrition**

Yes No

Nutritional Risk	<input type="checkbox"/>	<input type="checkbox"/>	I have an illness or condition that made me change the kind or amount of food I eat. (2)
	<input type="checkbox"/>	<input type="checkbox"/>	I eat fewer than 2 meals per day. (3)
	<input type="checkbox"/>	<input type="checkbox"/>	I eat few fruits and vegetables or milk products. (2)
	<input type="checkbox"/>	<input type="checkbox"/>	I have problems chewing/swallowing that make it hard for me to eat. (2)
	<input type="checkbox"/>	<input type="checkbox"/>	I do not always have enough money or food stamps to buy the food I need. (4)
	<input type="checkbox"/>	<input type="checkbox"/>	I take 3 or more different prescription or over-the-counter drugs each day. (1)
	<input type="checkbox"/>	<input type="checkbox"/>	I eat alone most of the time. (1)
	<input type="checkbox"/>	<input type="checkbox"/>	I have 3 or more drinks of beer, liquor or wine almost every day. (2)
	<input type="checkbox"/>	<input type="checkbox"/>	Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2)
	<input type="checkbox"/>	<input type="checkbox"/>	I am not always physically able to shop, cook or feed myself. (2)

**Service Indicators**

1. In the last 12 months, if I had groceries available, I was able to use them to prepare a meal:

Yes (skip to question 2)  No

1b. You had someone who could cook for you or helped cook:  Yes  No

If you answered NO, did you experience this in the last:  1-3 months  4-6 months  7 months or more

2. In the last 12 months have you experienced the following situations because you did not have enough money:

a. Did you or other adults in your household ever skip meals?  Yes  No

b. Did you eat less food than you felt you needed?  Yes  No

c. Were you ever hungry?  Yes  No

If you answered YES to any of these questions, did you experience this in the last:

1-3 months  4-6 months  7 months or more

3. Have you recently lost weight without trying?  Yes  No

If YES, how much weight have you lost?  1-13 lbs.  14-23 lbs.  24-33 lbs.  34 or more lbs.  Unsure

4. Have you been eating poorly because of a decreased appetite?  Yes  No

5. Have you been hospitalized in the last 12 months?  Yes  No

If YES, when were you last in the hospital?  In the last 3 months  last 4-6 months  last 7-12 months

*Information provided on this form is important for the State of Connecticut to receive federal funds and to continue to provide services to older adults. Please take the time to answer all the questions on this form. Your personal privacy is very important to us. The law prohibits sharing any information you give without a court order or without permission from you or your personal representative EXCEPT for the following: state, federal and local monitoring relative to program reporting requirements; program management, public safety and research. Be assured that your information will only be used as necessary under those provisions.*

Consumer Signature:

Representative Signature: