

# REGISTRATION PACKET

Dear Senior Guest,

On behalf of the City of Norco Community Operations Department, we would like to extend a warm welcome to the Rose M. Eldridge Senior Center!

Enjoy the classes, activities, excursions, and special programs the Rose M. Eldridge Senior Center has to offer. Be sure to get a copy of our current newsletter for dates, times, and prices on all of our upcoming activities.

Please help the Senior Center staff keep guest information current and accurate by filling out the attached forms and returning them today. We are required to collect this information annually from all participants. The emergency contact information is crucial to your safety. It is required you return your completed form to the front counter before participating in any activity.

We hope the Rose M. Eldridge Senior Center programs and staff will have a positive impact on your quality of life. The City of Norco Community Operations Department strive to continually offer you memorable experiences.

If you have any questions about the activities offered at the Rose M. Eldridge Senior Center, please see the front desk or contact us at 951.270.5647.





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### **Rose M. Eldridge Senior Center Code of Conduct**

The benefits of Community Operations programs are numerous. Recreation is essential to personal health. Participation in community service programs enhances the quality of life and can build strong families and healthy communities.

In order to ensure the quality and enjoyment of community service programs and to promote a safe and positive atmosphere for the programs, all participants, staff, parents and persons involved with the programs shall abide by the following Code of Conduct:

1. Participant must be 50 years or older and able to be responsible for providing for their own personal care and needs.
2. All persons shall act with respect towards other persons, their privacy, safety, and welfare. All participants must conduct themselves in such a manner that they do not disrupt the program or have a negative impact on other participant's enjoyment of activities and facilities.
3. Physical and verbal abuse of any kind will not be tolerated.
4. All persons shall act with respect towards public and private property and equipment.
5. Program rules and regulations shall be observed at all times.
6. Recognize/acknowledge Community Service programming as a privilege that can be rescinded for greater good.
7. Good personal hygiene and proper attire are required at all times. Participant must wear reasonable clothing and shoes suitable for the activity.

No refund or fees shall be given for any suspension or expulsion from a program for violating the Code of Conduct. The Community Operations Director shall review any expulsion or suspension longer than three days. Appeals of any suspension or expulsion shall be filed, in writing, with the Community Service Director within seven (7) days of action. Decision of Director is final.



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### **Rose M. Eldridge Senior Center Rules & Regulations**

The following items outline conduct/behavior that has been determined inappropriate and unacceptable in this facility. Also listed are the actions to be followed and consequences should unacceptable behaviors occur.

1. Conducting activities that infringe on the rights of the Senior Center participants and or staff.
2. Using abusive, obscene, threatening, harassing, insulting, or suggestive language.
3. Engaging in sexual, racial or religious harassment of Senior Center participants or staff.
4. Fighting, physical abuse, or challenging others to fight.
5. Promoting of or engaging in any illegal activities.
6. Carrying or concealing any weapons, devices or objects that may be used as weapons.
7. Circulating petitions, surveys, printing of newsletters or selling of tickets for an organization or event is prohibited, unless approved by the Director Community Operations.
8. Lack of personal cleanliness or personal hygiene.
9. Using the Senior Center for public bathing or to launder garments.
10. Possessing, using or selling alcohol or controlled substances.
11. Smoking is prohibited in and within 20 feet of the entrance of all public facilities unless designated as Smoking Area.
12. All members making or receiving calls must take calls outside.
13. Intimidating, bullying, threatening to harm, or causing harm to any person or property at any time.
14. Leaving or storing personal possessions at the Senior Center.
15. Laying down or sleeping on the furniture.
16. Using Center's electrical outlets to charge non-essential electrical equipment.
17. Violation of any federal, state, county or city laws and ordinances.
18. Removing city property without permission.
19. Defacing or destroying any city property.
20. Littering on city property.
21. Failing to comply with Computer Usage Contract.

If a participant or guest is made to feel uncomfortable by another's actions, that guest is to report the behavior in writing on a Rose M. Eldridge Senior Center Incident Form (available at front desk) and submit to staff within 24 hours of incident. In a situation of physical attack or hostile physical contact, threat of intent to cause physical or mental harm, stealing, intentional damage to property or lying, the following procedures may be ignored and immediate expulsion from facility issued.



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## **Rose M. Eldridge Senior Center Incident Procedures**

The Community Services Supervisor will investigate all reported incidents to sustain or dismiss any claims for action. Suspensions or termination of participation at this facility may result if a violation of either the Code of Conduct or the Rules of Regulations has occurred. Violation will be addressed by the following procedure:

**First Incident:** Counseling with verbal warning by Community Services Supervisor, documented by a letter to the member identifying the unacceptable behavior and actions taken. If the person's behavior continues, staff has the authority to direct the person to leave the facility immediately. If the person chooses not to leave the facility voluntarily, there will be no other choice than to enforce their removal by calling law enforcement for assistance.

**Additional Incidents:** If a member has multiple incidents not of the same nature, staff will perform counseling with written warning by Community Services Supervisor, documented by a letter to the member identifying the unacceptable behavior and actions taken. If the person's behavior continues, staff has the authority to direct the person to leave the facility immediately. If the person chooses not to leave the facility voluntarily, there will be no other choice than to enforce their removal by calling law enforcement for assistance.

**Recurring Incidents:** In the event of recurring incidents, the Superintendent of Community Services will issue a suspension from the Senior Center documented by a letter to the member. Length of suspension is determined by the severity of the offense.

If a member has multiple incidents or recurring incidents after suspension, member will be expelled from the facility documented by letter to the member identifying their history of unacceptable behavior and actions taken. Length of expulsion is determined by the severity of the offenses.

**Appeals Process:** In the event of expulsion, the member may appeal this decision to the Director of Community Operations. The Director will review the case, hearing from both the member and staff. If Director should disagree with staff's decision, Director has the ability to rescind expulsion. Decision of the Director is final.



**Rose M. Eldridge Senior Center Rules and Regulations  
for Acceptable Use of the Computer Lab/Library**

The computer lab is available to adults age 50 and over. Use of the City's information network is a privilege, not a right, and the privilege may be revoked at any time for unacceptable conduct. As part of the Welcome packet, all guests must agree to the rules of regulations stated herein by signing this form. Those utilizing the computers must adhere to the following:

1. All Computer Users must have a signed registration form on file and must sign in at the computer desk before logging in. There is a time limit of one hour per guest per day. However, if no guest is waiting to use a computer, you can continue to use the computer. Please be mindful when others come in to use the desk.
2. Don't allow anyone else to use your personal password to avoid being help responsible for something they do.
3. Treat the computer lab as a library and a quiet place.
4. If you need to make a phone call, please go outside to use your cell phone.
5. Always remember to log out of websites that contain access to personal information.
6. Use a thumb or flash drive to save your work. All files saved to the hard drive are deleted at the end of the day.
7. Use Print Preview to view your documents prior to printing them out. Web pages often print on multiple pieces of paper. Please only print what you need. If you print a document, be sure to pick it up before you leave.
8. Log off if you are done using a computer and sign out at the computer desk.
9. Computers are not to be left unattended while in use.

**Acceptable use of the information systems specifically prohibits the following actions and/or activities:**

1. Use of the system for illegal, commercial, political or fraudulent purposes or to promote unethical practices.
2. Loading of personal software or files;
3. Damaging computers, computer systems, computer networks, or the loading of any software having the purpose of damaging the system;
4. Attempts to log on as City Staff;
5. Use of electronic information systems for plagiarism'
6. Initiating unauthorized access to other individuals data, to other data systems or resources, or to other entities or government agencies;
7. Bringing food or beverages into the computer area;
8. Transmission of material that is inaccurate, threatening, obscene, disruptive, sexually explicit, protected by trade secret, or that could be construed as harassment or disparagement of others bases on race, national origin, sex, age, disability, religion, or political beliefs.
9. Removal of any equipment or software from the computer lab/library.



### **Network Etiquette and Privacy**

Informal rules of behavior have evolved for the use of and communication by others on the Internet (sometimes called “Netiquette”). These rules include, but are not limited to:

- All communications and information accessible via the network should be assumed to be private property.
- Users shall not read other users emails or files , attempt to interfere with other users ability to send or receive email, or attempt to read, delete, modify, or forge other users email;
- Do not place unlawful information on any network systems;
- Do not respond to messages or bulletin board items that are suggestive, obscene, belligerent, or threatening;
- Report any kind of illegal activities to the Rose M. Eldridge Senior Center staff.

The City makes no warranties of any kind, whether expressed or implied, for the service that it is providing. The City will not be responsible for any damages suffered while in the system. These damages include the loss of data as a result of delays, non-deliveries, miss-deliveries, or service interruptions caused by the system or user-caused errors or omissions. Use of any information obtained via the information system is at your own risk.

### **Security**

It is the express responsibility of each user to protect the security of information systems and the network. Users must report any security breach to the Rose M. Eldridge Senior Center staff immediately. Any user identified as a security risk will be denied further access to the information system.

### **Vandalism**

Vandalism is defined as any malicious attempt to harm or destroy data of another user or of any agencies or networks that are connected to the system. This includes the intentional introduction of viruses into the system.

If you need help, just ask! A Senior Center staff member may be able to help you with small computer tasks. Please be aware that the computer/library will be closed to general computer users during computer classes or as needed by the Rose M. Eldridge Senior Center staff for programs.



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**Department of Community Operations**

*ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING  
OF ROSE M. ELDRIDGE SENIOR CENTER  
CODE OF CONDUCT AND RULES OF REGULATIONS*

**I HEREBY ACKNOWLEDGE THAT I have received a copy of the Rose M. Eldridge Senior Center Code of Conduct and Rules of Regulations, that I have read the foregoing, that I am aware of the consequences of this agreement, and that no oral representations, statement or inducements have been made to me. I further acknowledge that my participation in the Rose M. Eldridge Senior Center Programs and Activities will be in jeopardy should I fail to adhere to the Code of Conduct and Rules of Regulations.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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



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**Department of Community Operations**

*ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF  
ROSE M. ELDRIDGE SENIOR CENTER RULES OF REGULATIONS  
FOR ACCEPTABLE USE OF THE COMPUTER LAB/LIBRARY*

***I HEREBY ACKNOWLEDGE RECEIPT OF THE Rose M. Eldridge Senior Center Rules and Regulations for Acceptable Use of the Computer Lab/Library. I have read the foregoing and am aware of the consequences of this agreement. I further understand that any violation of these rules would revoke my usage of any computer and/or computer lab.***

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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





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**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION  
OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate in Rose M. Eldridge Senior Center programs, related events, transportation and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

## COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM YEAR 2025-2026 SELF-CERTIFICATION FOR PRESUMED CLIENTELE

### 1) CLIENT INFORMATION: (Please Print)

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

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

City &amp; State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 2) CATEGORY:

I certify that [I am/ my family is/ are] eligible under 24 CFR 570.208(a)(2)(i)(A) guidelines:

- |                       |  |  |
|-----------------------|--|--|
| <b>Choose<br/>One</b> | <input type="checkbox"/> Senior Citizen (55+)      | <input type="checkbox"/> Homeless Person               |
|                       | <input type="checkbox"/> Severely Disabled Adult * | <input type="checkbox"/> Illiterate Adults *           |
|                       | <input type="checkbox"/> Abused Child *            | <input type="checkbox"/> Survivor of Domestic Violence |
|                       | <input type="checkbox"/> Person Living with AIDS   |  |

\* If this certification is being filled out on behalf of a qualifying individual, please indicate so in the certification box below.

### 3) FAMILY SIZE: (check ONLY one)

1     2     3     4     5     6     7     8

### 4) ETHNICITY: (Select ONLY one from the Single-Race or Multi-Race categories)

#### Single race category

- |   |   |
|---|---|
| <input type="checkbox"/> White                  | <input type="checkbox"/> American Indian/Alaskan Native         |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian                  |   |

#### Multi-race category

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native & White                                 | <input type="checkbox"/> Asian & White                           |
| <input type="checkbox"/> Black/African American & White   | <input type="checkbox"/> Hispanic/White                          |
| <input type="checkbox"/> Hispanic/Black/African American  | <input type="checkbox"/> Hispanic/Asian                          |
| <input type="checkbox"/> Hispanic/American Indian/Alaskan Native                                | <input type="checkbox"/> Hispanic/Asian & White                  |
| <input type="checkbox"/> Hispanic/Native Hawaiian/Other Pacific Islander                        | <input type="checkbox"/> Hispanic/Black/African American & White |
| <input type="checkbox"/> Hispanic/American Indian/Alaskan Native & White                        |  |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American                |  |
| <input type="checkbox"/> Hispanic/American Indian/Alaskan Native & Black/African American       |  |
| <input type="checkbox"/> Other Multi-race (ONLY if, non-of-the-above categories identifies you) |  |

### 5) CERTIFICATION:

I, \_\_\_\_\_ (Signature), on \_\_\_\_\_ (Date), hereby acknowledge that eligibility for assistance under this CDBG-funded program is based upon my qualification as a person/family meeting the "presumed" category under 24 CFR Part 570.208(a)(2)(i)(A) . I agree to provide supporting documentation if requested by the County of Riverside or the U.S. Department of Housing and Urban Development (HUD).

\* I have completed this certification on behalf of the client named in Section 1 above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PROGRAMA DE BECA DE DESARROLLO A LA COMUNIDAD (CDBG) 2025-2026**  
**AUTO-CERTIFICACION DE ELIGIBILIDAD**  
 (no para uso a albergar las actividades)

**1) INFORMACION DEL CLIENTE:(en molde)**

Nombre: \_\_\_\_\_

Dirección

o Dirección Postal: \_\_\_\_\_

Ciudad y Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

**2) CATEGORIA:**

Certifico que [soy/mi familia es/son] elegible bajo las pautas 24 CFR 570.208(a)(2)(i)(A)

 Persona de la tercera edad (55+) Sin hogar Severamente Incapacitado Adultos analfabetos Niños abusados Violencia doméstica SIDA**3) NUMERO DE FAMILIA: (marque solamente uno)**    1     2     3     4     5     6     7     8 **4) GRUPO ÉTNICO:****(Solamente seleccione una de las categorías de razas/multi-razas la cual lo describe a usted)****Categoría de raza individual** Blanco Negro/Afro Americano Asiatico Nativo Americano/Nativo de Alaska Nativo de Hawaii/Otro Isleño del Pacifico**Categoría de Multi-raza** Nativo Americano/Nativo de Alaska y Blanco Asian & White Negro/Afro Americano y Blanco Hispano/Blanco Hispano/Negro/Afro Americano Hispano/Asiatico Hispano/Nativo Americano/Nativo de Alaska Hispano/Asiatico y Blanco Hispano/Nativo de Hawaii/Otro Isleño del Pacifico Hispano/Negro/Afro Americano y Blanco Hispano/Nativo Americano/Nativo de Alaska y Blanco Nativo Americano/Nativo de Alaska y Negro/Afro Americano Hispano/Nativo Americano/Nativo de Alaska y Negro/Afro Americano Otro (solamente seleccione si ninguna de las categorías mencionadas se idenfican con su étnicidad)**5) CERTIFICACION:**

Yo, \_\_\_\_\_ (Firma), en \_\_\_\_\_ (Fecha), por la presente reconosco que los requisitos para la ayuda financiera bajo el programa de CDBG es basado sobre mi calificación como persona/familia cumpliendo respectivamente bajo la "supuesta" categoría 24 CFR 570.208(a)(2)(i)(A). Yo estoy de acuerdo en proveer documentación valida, si es que fuera requerida por el Condado de Riverside o el Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD).

**\* I have completed this certification on behalf of the client named in Section 1 above.**\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)



# Riverside County Office on Aging

## Congregate Meals Intake Form



<b>Name of Service Provider - SODEXO</b>  <h1 style="text-align: center;">NORCO</h1>  Please complete this form to the best of your ability. Items Marked with asterisk (*) are required.		Referred by: _____ Intake Date: _____ Staff: _____ Beginning Date: _____ *Termination Date: _____ *Reason: _____		<b>Eligibility:</b> <input type="checkbox"/> Age 60+ <input type="checkbox"/> Spouse of ENP Participant <input type="checkbox"/> Disabled person residing where the congregate site is located <input type="checkbox"/> Disabled person who resides with and accompanies an ENP participant <input type="checkbox"/> Volunteer	
Unique Participant ID: _____					
*First Name: _____		*Last Name: _____		MI: _____	*Date of Birth: _____
*Home Address: _____		*City: _____	*County: _____	*Zip Code: _____	
Mailing Address: Same As Residential? <input type="checkbox"/> Yes		City: _____	County: _____	* Zip Code: _____	
Best Contact Phone: ( ) _____		Emergency Contact Name: _____			
Alternate Phone: ( ) _____		Phone: ( ) _____		Relationship to you: _____	
<b>*Veteran</b>					
*Have you ever served in the United States military? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined/not stated			*Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined/not stated		
<b>*If you identify as being military affiliated, check below if:</b> "I consent to this agency and the California Department of Aging transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I may be eligible. I understand that this consent is valid for 12 months. <input type="checkbox"/> YES <input type="checkbox"/> NO Contact the California Department of Veterans Affairs (CalVet) to determine eligibility for services and supports at <a href="http://www.calvet.ca.gov">www.calvet.ca.gov</a> or 1-800-952-5626					
*What is your approximate household income? \$_____ per <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> Declined to State				*Rural Area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State	
*Poverty Status: (calculate from household income) <input type="checkbox"/> At or Below 100% of the Federal Poverty Level (FPL) <input type="checkbox"/> Above 100% of the FPL <input type="checkbox"/> Declined to State					
* What is your gender? (Check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Not Listed, please specify: _____ <input type="checkbox"/> Declined/not stated					
* What was your sex at birth? (Check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined/not stated			* How do you describe your sexual orientation or sexual identity? (Check only one) <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not Listed, please specify: _____ <input type="checkbox"/> Declined/not stated		
*Marital Status: <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed   Since When: _____ <input type="checkbox"/> Declined to State					
*Ethnicity (Check One): Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State			Language: <input type="checkbox"/> English speaking <input type="checkbox"/> Need interpreter <input type="checkbox"/> Non-English/Language: _____		

**\*Race:** (Check One)  White  Black  American Indian/Alaska Native  
 Asian Indian  Cambodian  Chinese  Filipino  Japanese  Korean  Laotian  Vietnamese  
 Other Asian  Guamanian  Hawaiian  Samoan  Other Pacific Islander  
 Multiple Race  Other Race \_\_\_\_\_  Declined to State

**\*Living Arrangement:**  
 Live Alone  Do Not Live Alone  Declined to State  # of Household Members

Receiving IHSS Services?  Yes  No  Declined to State  
 If yes, number of IHSS hours receiving? \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly  Declined to State

Read the statements below. Circle the number in the “yes” column for those that apply to you. For each “yes” answer, score the number in the box. Total your nutritional score.

<b>*Determine your Nutritional Health:</b> (for each item, circle the number in the appropriate column)	Yes
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 have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't 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 10 pounds in the past 6 months.	2
I am not always physically able to shop, cook and/or feed yourself.	2
<i>(High Nutritional Risk = 6 or more points)</i> <b>Total Points:</b>	
<b>Declined to State</b> <input type="checkbox"/>	

**Notes:**

I understand that the information I am providing on this form is for registration purposes. I understand it will be kept confidential and that the Area Agency on Aging and service providers may use it to help identify other services for which I may qualify.

\_\_\_\_\_  
 Signature of participant or person completing the form

\_\_\_\_\_  
 Date