

**Kansas Department for Aging and Disability Services
Uniform Program Registration**

Registration Date: _____		PSA			
CUSTOMER INFORMATION					
First Name: _____ Middle Name: _____ Last Name: _____					
Birth Date: _____ <small>Month Day Year</small>	Age: _____ Social Security #: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Residence Street Address: _____ <small>Street City County State Zip Phone</small>					
Emergency Contact Name: _____					
Emergency Contact Address: _____ <small>Street City County State Zip Phone Alt Phone</small>					
Ethnicity		Race			
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Ethnicity Missing		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Reporting some other race <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Hispanic <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Reporting 2 or more races			
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your monthly income below? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Doctor Name: _____		\$990 – Family of 1 or \$1,335 – Family of 2			
City: _____ Phone: _____		\$1,680 – Family of 3 or \$2,025 – Family of 4			
Health conditions/medications: _____					
MODIFIED DIETS					
Are you following any modified diet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, mark each type: <input type="checkbox"/> Diabetic <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Ethnic/religious <input type="checkbox"/> Low sodium (salt) <input type="checkbox"/> Mechanical <input type="checkbox"/> Pureed <input type="checkbox"/> Renal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other					
NUTRITION RISK SCREEN (This section for Congregate Meals and Nutrition Counseling Only) Please answer each question below					
	Yes	No		Yes	No
Do you eat less than 2 meals daily? (3)			Have you made changes in the kind and/or amount of food you eat because of an illness and/or condition? (2)		
Do you eat less than 2 servings of fruits and vegetables daily? (1)			Are you physically not always able to grocery shop, cook, and/or feed yourself? (Circle all that apply) (2)		
Do you eat less than 2 servings of dairy products (milk, cheese, yogurt, etc.) daily? (1)			Do you eat alone most of the time? (1)		
Do you usually drink less than 6 glasses of water, milk, or juice daily? # of glasses: (0)			Do you feel that you usually do not have enough money to buy the food you need? (4)		
Do you drink 3 or more alcoholic beverages daily? (2)			Have you gained or lost more than 10 pounds in the last 6 months? (Circle all that apply) (2)		
Do you take 3 or more different prescriptions and/or over-the-counter drugs daily? (1)			Total Nutrition Risk Score:		
Do you have problems with dentures, teeth, or mouth, which make it hard to eat? (Circle all that apply) (2)					
Release of Information: I consent to the release of the information on this page so I can receive services. I understand the information on this page will be released to Kansas Department for Aging and Disability Services, the Area Agencies on Aging, and service providers as listed below to enable the delivery of services and program monitoring.					
Customer/Guardian Signature _____			Date _____		
Reviewer Signature _____			Date _____		

~~~~~ COMPLETED BY REVIEWER ~~~~~											
KAMIS ID #: _____				<b>PARTICIPANT STATUS FOR MEALS</b>							
Veteran or Spouse of Veteran Yes No				<input type="checkbox"/> 60+ Person <input type="checkbox"/> Less than 60 Spouse of 60+ Person <input type="checkbox"/> Less than 60 disabled Person residing with 60+ Person <input type="checkbox"/> 60+ non-spouse Caretaker (IIB Home-delivered meals only) <input type="checkbox"/> Volunteer <input type="checkbox"/> Less than 60 disabled Person residing in housing facility with congregate meal site and occupied mostly by 60+ Persons							
<b>UNMET NEEDS</b>											
<b>Service Code</b>	<b>Availability Code</b>	<b>Monthly Units</b>									
<b>PSA</b>	<b>Service Code</b>	<b>Funding Source</b>	<b>Disaster</b>	<b>Provider</b>	<b>Unit(s)</b>	<b>Per</b>	<b>Total Units Monthly</b>	<b>Cost of Unit</b>	<b>Start Date</b>	<b>End Date</b>	<b>Discharge Code</b>