Form 5 - Consumer Registration Form

Personal			**CCCI / CHCPE:** ☐ **Y** ☐ **N**
Consumer Name	First:	Last:	
Date		Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Other	
Marital Status	☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ 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	☐ Wife ☐ Husband ☐ Grandparent ☐ Relationship Missing ☐ Daughter ☐ Daughter-in-Law ☐ Other Relative ☐ Son ☐ Son-in-Law ☐ Non-Relative		
Demographics			
Primary Language	☐ English ☐ Spanish ☐ Other:		
Speaks English:	☐ Very Well ☐ Well ☐ Not Well ☐ Not at all		
Ethnicity	☐ Hispanic/Latino ☐ Not Hispanic/Latino		
Race	☐ American Indian/Alaskan Native ☐ Asian/Asian American ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White		
Housing	☐ Private Home ☐ Private Apartment ☐ Senior Housing ☐ Congregate Housing ☐ Public Housing ☐ Residential Care Home ☐ Nursing Home ☐ Assisted Living ☐ Other:		
Income *(2024 poverty guidelines)*	**I live alone or with someone other than a spouse and my monthly income is about:** ☐ At or Below $1,255*(100%)* ☐ $1,256 - $1,569 *(125%)* ☐ $1,570 - $1,883 *(150%)* ☐ $1,884 - $2,196 *(175%)* ☐ $2,197 - $2,510 *(200%)* ☐ $2,511 or over *(over 200%)* **OR** **I live with my spouse and our monthly income is about:** ☐ At or Below $1,703 *(100%)* ☐ $1,704 - $2,129 *(125%)* ☐ $2,130 - 2,555 *(150%)* ☐ $2,556 - $2,981 *(175%)* ☐ $2,982 - $3,407 *(200%)* ☐ $3,408 or over *(over 200%)*		

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

I need help with these activities:

☐ Eating ☐ Getting Out of Bed/Chair ☐ Managing Money ☐ Taking Medicine
☐ Dressing ☐ Continence ☐ Using the telephone ☐ Using Transportation
☐ Bathing/Washing ☐ Planning/Preparing Meals ☐ Housekeeping
☐ Using the Toilet ☐ Shopping ☐ Doing Laundry

Nutrition

Nutritional Risk

Yes	No	
☐	☐	I have an illness or condition that made me change the kind or amount of food I eat. (2)
☐	☐	I eat fewer than 2 meals per day. (3)
☐	☐	I eat few fruits and vegetables or milk products. (2)
☐	☐	I have problems chewing/swallowing that make it hard for me to eat. (2)
☐	☐	I do not always have enough money or food stamps to buy the food I need. (4)
☐	☐	I take 3 or more different prescription or over-the-counter drugs each day. (1)
☐	☐	I eat alone most of the time. (1)
☐	☐	I have 3 or more drinks of beer, liquor or wine almost every day. (2)
☐	☐	Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2)
☐	☐	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: