

Welcome to Generations of Indian Valley!

All information is confidential, please be complete.

Name:
Last, First, MI _____
Street Address: _____
City or Town: _____
County: _____ Township: _____
State & Zip: _____ Phone # _____
E-mail : _____

In the near future we'd like to use e-mail for communicating.

Date: _____
Gender: M / F
Marital: M / W / S / D
DOB: _____
SSN: _____
Ethnicity: _____
Veteran?: Y / N
Head of House? Y / N

While here, do you need any type of communication assistance? Y / N

If so, how can we help you? _____

What is your primary language? _____

Do you have any disabilities? _____

Who recommended Generations to you?

Self / Family / Hospital / Agency / Newspaper / Other _____

In case of Emergency
while you're here at Generations,
Please tell us who we may call:

Name: _____

Relationship to you _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Who lives with you at home?

By myself

With my spouse

With my child

With another family member

Other

Please turn the page over— We are required by the State to ask about your nutrition. Please answer all questions. Thank you!

PLEASE! Keep this membership form in your possession until you are issued a keytag. Please do not leave it at the Front Desk or on a Generations Staff member's desk.

Nutrition Survey

- | | | |
|---|---|--------|
| 1. Have you noticed any changes in kind and/or amount of food eaten? | N | Y |
| 2. Do you Eat fewer than 2 meals a day? | N | Y |
| 3. Do you eat less than 5 servings (1/2 Cup each) of fruit or vegetables daily? | N | Y |
| 4. Do you eat less than two servings of dairy products daily? | N | Y |
| 5. Do you have 3+ drinks of beer, liquor or wine almost every day? | N | Y |
| 6. Do you have tooth or mouth problems that make it hard to eat? | N | Y |
| 7. Do you sometimes not have enough money to buy food? | N | Y |
| 8. Do you eat alone most of the time? | N | Y |
| 9. Do you take 3+ different prescribed or over-the-counter drugs per day? | N | Y |
| 10. Have you <u>G</u> ained or <u>L</u> ost 10 pounds in the past 6 months? | N | G L |
| 11. Are you not always physically able to shop, cook and/or feed yourself
(or can't get someone to help you)? | N | Y |

.....
Do you volunteer at Generations of Indian Valley?

If so, in what ways?

Hoagie Sales Host/ess for lunch Spaghetti Dinner Bingo Kitchen

Performing Group MOW Handicrafters Trips

Others: _____

Again, Thank you!

We hope you enjoy your time here at Generations of Indian Valley!

PLEASE!: Keep this membership form in your possession until you are issued a keytag. Please do not leave it at the Front Desk or on a Generations Staff member's desk.

Staff Member: _____