



CITY AND COUNTY OF HONOLULU - ELDERLY AFFAIRS DIVISION

Consumer Registration Form

Provider Name:

Intake Worker:

Date

Client Demographics			
First Name		M.I	Last Name
Address		Town	State Hawaii Zip Code
DOB		Phone	Email
Understands English		Poverty Status	
Yes No		At or Below Above	
Gender Identity	Living Status		Primary Language
Female	Alone		English
Male	With child (not spouse or partner)		American Sign Language (ASL)
Non-binary	With non-relative(s)		Chinese (Cantonese)
Transgender-Female	With other relative(s)		Chinese (Mandarin)
Transgender-Male	With parent(s) or guardian(s)		Hawaiian
Other	With sibling(s)		Ilocano
	With spouse / partner only		Japanese
	With spouse/ partner and other(s)		Korean
	With grandchild		Spanish
			Tagalog
			Visayan
			Other
Ethnicity		Nationality (Select all that apply)	
Hispanic / Latino		Cambodian	
Not Hispanic / Latino		Chinese	
		Filipino	
		Indian (Asia)	
		Japanese	
		Korean	
		Laotian	
		Vietnamese	
		Other Asian	
		Native Hawaiian	
		Samoan	
		Tongan	
		Federated State of Micronesia	
		Republic of Marshall Islands	
		Palau	
		Other Pacific Islander	
Race (Select all that apply)			
American Indian / Native Alaskan			
Asian / Asian American			
Black / African American			
Native Hawaiian / Other Pacific Islander			
White			

<b>Functional Status (Select all that apply)</b>			
<b>ADL. Needs help doing any of the following:</b>		<b>IADL. Needs help doing any of the following:</b>	
Eating Dressing Bathing Using Toilet Transferring Walking		Preparing meals Shopping for personal items Taking medications Managing money Using the telephone Doing Heavy housework Doing Light housework Transportation	
<b>Total ADL</b>		<b>Total IADL</b>	
<b>Nutrition Risk (Required only for congregate dining program)</b>			
Do you have an illness or health condition that made you change the kind of food that you eat ?		Yes	No
Do you eat fewer than 2 meals a day?		Yes	No
Do you eat fewer fruit and vegetable (fewer than 5) OR milk products (fewer than 2) per day?		Yes	No
Do you have 3 or more drinks of beer, liquor or wine every day?		Yes	No
Do you have problems with your teeth or mouth that makes it hard for you to eat?		Yes	No
Do you sometimes run out of money to buy the food that you need?		Yes	No
Do you eat alone most of the time?		Yes	No
Do you take 3 or more different prescribed or over-the-counter drugs a day?		Yes	No
Without wanting to, have you lost OR gain 10 pounds in the last 6 months?		Yes	No
Are there times when you are not physically able to shop, cook, and/or feed yourself?		Yes	No
<b>Nutrition Risk Score</b>			<b>Total</b>
<b>Eligibility Type:</b>	Age (60 or over) Volunteer	Disabled in Elderly Housing Disabled Living with Elderly Person	Spouse