Aging Services Intake Form

Updated 5/20/2025

Date: ☐ Annual Update

Site Name:

The data collected on this form supplies funding for aging programs in our Montana communities. Information will be kept confidential, and you will receive services regardless of your answers.

First Name: Last Name: Date of Birth:

Street Address: City: State: Zip:

Mailing Address (if different): City: State: Zip:

Phone: Email: Sex: ○ M ○ F

Emergency Contact:

Name: Phone: Relationship: My Caregiver Yes ○ No ○

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Veteran: ○ Yes ○ No	Income Level: ○ At or below poverty ○ Above poverty	I am under 60 and my spouse is over 60. ○ Yes ○ No
Race: (Can choose more than one) ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian/Asian American Native ☐ Hawaiian/Pacific Islander ☐ Other	Marital Status: ○ Married ○ Divorced/Separated ○ Single ○ Widowed I live alone. ○ Yes ○ No	I am a caregiver for: ☐ Spouse/Partner ☐ Parent ☐ Grandparent ☐ Disabled Adult Child (18-59) ☐ Grandchild (under 18) ☐ Non-Relative ☐ Other Relative ☐ Other	I am under 60, disabled, and living with someone over 60. ○ Yes ○ No

Activities of Daily Living	Instrumental Activities of Daily Living
I sometimes need help with the following:	I sometimes need help with the following:
☐ Eating ☐ Dressing ☐ Transferring ☐ Bathing ☐ Walking ☐ Toileting ☐ None	☐ Meal prep ☐ Phone use ☐ Money Management ☐ Transportation ☐ Medication Management ☐ Shopping ☐ Housework ☐ None

Nutrition Risk Assessment

Read the statements below. Select the number in the YES column for those statements that apply to you.

		YES
1.	I, or someone close to me, has an illness that affects the kind and/or amount of food I eat. 2	☐
2.	I eat less than two meals per day 3	☐
3.	I eat less than three fruits and vegetables a day 2	☐
4.	I eat or drink less than three milk products (such as milk, yogurt, cheese) a day 1	☐
5.	I drink less than five cups of fluid (such as water, juice, tea) a day 1	☐
6.	I have three or more drinks of beer, wine, or liquor almost every day 2	☐
7.	I have tooth or mouth problems that make it hard for me to eat. 2	☐
8.	I don't always have enough money to buy the food I need 4	☐
9.	I eat alone most of the time 1	☐
10.	I take three or more different prescribed or over-the-counter drugs a day 1	☐
11.	Without wanting to, I have lost or gained 10 pounds in the last six months 2	☐
12.	I am not always physically able to shop, cook, and/or feed myself 2	☐

0-2 = Low Nutritional Risk
3-5 = Moderate Nutritional Risk – Refer to staff to receive the nutrition assessment handout
6+ = High Nutritional Risk – Refer to staff to receive the nutrition assessment handout, and Talk with your health care provider and/or a registered dietitian.

Total Score