CONNECTICUT

Form 5 - Consumer Registration Form

Information on this Consumer Registration form is crucial for Connecticut to receive federal funds and maintain services for older adults. Please complete this form and submit the data to the C.T. Bureau of Aging's designated database.

Consumer privacy is paramount. The law strictly prohibits sharing personal information without a court order or consent from the consumer or their legal representative, EXCEPT for state, federal, and local monitoring for program reporting, management, public safety, and research purposes. Rest assured, consumer information will only be used as necessary under these provisions.

Consumer acknowledged *(Please initial here to acknowledge the statement above.)* [ ]

REGISTRATION: ☐ Older Adult New ☐ Older Adult Update ☐ Caregiver New ☐ Caregiver Update ☐ Includes Service Delivery Data (*Complete section VI*)

I. ADD CONSUMER INFORMATION

CONGREGATE MEALS

Consumer Name: First: MI: Last:

Today's Date: *(mm/dd/yyyy)* **Gender:** ☐ Female ☐ Male ☐ Non-Binary ☐ Other **Birth Date:** *(mm/dd/yyyy)*

Home phone: **Cell phone:**

Email Address:

Home Street Address 1:

Home Street Address 2: **County:**

Town: **State** *(if not CT)* : **Zip code:**

Provider Name:

NSIP Eligible *(Nutrition Services Incentive Program)* ☐ Yes ☐ No

Eligibility Type: ☐ Consumer Age 60 and Older ☐ Disabled in Elderly Housing ☐ Disabled Living with an Elderly Person ☐ Spouse of Person Age 60+ ☐ Volunteer ☐ Caregiver Age 60 and older

Cognitive Impairment: Has Alzheimer's disease or a related dementia ☐ None ☐ Early Onset Dementia ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown

Disability: ☐ Yes ☐ No Care recipient is between the ages of 18 and 59 and has a disability.

II. CAREGIVER/CARE RECIPIENT STATUS

Care Status: ☐ Consumer is Caregiver ☐ Consumer is Care Recipient

Name of Care Recipient:
Name of Caregiver:

Relationship: Caregiver's Relationship to the Care Recipient

☐ Brother ☐ Daughter ☐ Daughter-in-Law ☐ Domestic Partner ☐ Father*
☐ Granddaughter ☐ Grandfather* ☐ Grandmother* ☐ Grandson ☐ Husband
☐ Mother* ☐ Non-Relative ☐ Other Relative ☐ Sister ☐ Son
☐ Son-in-Law ☐ Wife

**Must only be checked if the caregiver is age 55 or older and is the primary caregiver for a child under age 18 or an adult child between age 18 - 59 with a disability. Non-Relative and Other Relative may be checked for these caregivers as well as caregivers of older adults.*

III. DEMOGRAPHIC INFORMATION - Language and Race/Ethnicity

Primary Language: *(Language spoken at home)*

☐ American Sign Language ☐ Arabic ☐ Cambodian (Khmer) ☐ Chinese
☐ English ☐ French ☐ German ☐ Greek
☐ Gujarati ☐ Haitian Creole ☐ Italian ☐ Korean
☐ Polish ☐ Portuguese ☐ Russian ☐ Spanish
☐ Tactical Sign Language ☐ Turkish ☐ Urdu ☐ Vietnamese
☐ Other *(Please Specify)* _____

Speaks English: ☐ Very well ☐ Well ☐ Not Well ☐ Not At All

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: *(Check all that apply)*

☐ American Indian/Alaskan Native ☐ Asian/Asian American ☐ Black/African American
☐ Middle Eastern/North African ☐ Native Hawaiian/Pacific Islander ☐ White-Not Hispanic/Latino
☐ White-Hispanic/Latino ☐ Other

III. DEMOGRAPHIC INFORMATION - Housing, Living Situation and Income

Housing:
☐ Private Home ☐ Private Apartment ☐ Senior Housing
☐ Congregate Housing ☐ Public Housing ☐ Residential Care Home
☐ Nursing Home ☐ Assisted Living ☐ Other *(Please Specify)* _____

Living Arrangements:
☐ Alone ☐ With Spouse ☐ With Unmarried Partner
☐ With Spouse/Partner and Child/ren ☐ With Child/ren Only, No Spouse/Partner
☐ With Grandchild/ren ☐ With Other Relatives ☐ With Others

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Never Married ☐ Widowed

Income:
*(at/below the 100% FPL is In Poverty, *FPL 2024*)

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%)

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%)

IV. ASSISTANCE WITH ACTIVITIES NEEDED

ADLs (Activities of Daily Living)

Yes	No		Yes	No		Yes	No	
☐	☐	Eating	☐	☐	Dressing	☐	☐	Bathing/Washing
☐	☐	Using the toilet	☐	☐	Getting Out of Bed/Chair	☐	☐	Continence

IADLs (Instrumental Activities of Daily Living)

Yes	No		Yes	No		Yes	No	
☐	☐	Planning/Preparing Meals	☐	☐	Shopping	☐	☐	Walking*
☐	☐	Managing Money	☐	☐	Using the Telephone			
☐	☐	Housekeeping	☐	☐	Doing Laundry			
☐	☐	Taking Medicine	☐	☐	Using Transporation			

(*walking is not part of ADLs/IADLs)

V. NUTRITION RISK - ALL SERVICES EXCEPT CAREGIVERS

The Nutritional Risk Score will be recorded as missing if any of these questions are not answered.

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 dairy 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)

VI. SERVICE DELIVERY (*OFFICE USE ONLY; As shown in the Wellsky A&D database*)

Provider Name	Site / Care Manager *(if applicable)*	Service (sub-service)	Service Month	Units