DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 8-31-20 E-MAIL: _____

LAST NAME: Sharpe FIRST NAME: Theresa

ADDRESS: 5760 Abbey Drive APT. #: 3L

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 708-310-2046 TYPE: Cell / ~~Home~~

BIRTHDATE: (month, day, year) 8-24-54 AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
____ Male __✓__ Female	____ African Amer. ____ Hispanic/Latino ____ Asian __✓__ White	__✓__ Married ____ Single (never married) ____ Divorced ____ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / NO	____ Cane __✓__ Walker ____ Wheelchair	____ 1 __✓__ 2	____ 3 ____ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat	YES	~~NO~~
2. I eat fewer than 2 meals per day	YES	NO
3. I eat few fruits, vegetables, or milk products	YES	NO
4 I have 3 or more drinks of beer, liquor, or wine most everyday	YES	~~NO~~
5. I have tooth or mouth problems that make it hard to eat	YES	~~NO~~
6. I do have enough money to buy the foods I need	YES	NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 8-31-20 E-MAIL: Sharpewill27@gmail.com

LAST NAME: Sharpe FIRST NAME: William

ADDRESS: 5760 Abbey Drive APT. #: 3-L

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 708-310-2046 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 8-27-53 AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
✓ Male Female	African Amer. Hispanic/Latino Asian ✓ White	✓ Married Single (never married) Divorced Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH YES / NO	MOBILITY Cane Walker Wheelchair	NUMBER OF PEOPLE IN HOUSHOLD 1 ✓ 2 3 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES NO
2. I eat fewer than 2 meals per day — YES NO
3. I eat few fruits, vegetables, or milk products — YES NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES NO
5. I have tooth or mouth problems that make it hard to eat — YES NO
6. I do have enough money to buy the foods I need — YES NO

7. I eat alone most of the time — YES NO

8. I take 3 or more different prescribed or over the counter medications a day — YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months — YES NO

10. I am physically able to shop, cook, and/or feed myself — YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch? Army NO

Other: _____

_____

ENROLEE SIGNATURE

Ruby Smith

INTAKE STAFF/SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 8-31-20 E-MAIL: _____

LAST NAME: JACKSON FIRST NAME: Patrice

ADDRESS: 585 Forestview Road APT. #: 117

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 630-362-8819 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 9-14-49 AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	✓ African Amer. ___ Hispanic/Latino ___ Asian ___ White	___ Married ✓ Single (never married) ___ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC			MARRIED $1,069 ABOVE / BELOW
YES / NO			
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / NO	___ Cane ___ Walker ___ Wheelchair	✓ 1 ___ 2 ___ 3 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1.	I have an illness or condition that made me change the kind or amount of food I eat	YES NO
2.	I eat fewer than 2 meals per day	YES NO
3.	I eat few fruits, vegetables, or milk products	YES NO
4	I have 3 or more drinks of beer, liquor, or wine most everyday	YES NO
5.	I have tooth or mouth problems that make it hard to eat	YES NO
6.	I do have enough money to buy the foods I need	YES NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 8-31-20 E-MAIL: N/A

LAST NAME: Cyrus FIRST NAME: Margaret

ADDRESS: 5721 Dover APT. #: House

CITY: Lisle STATE: FL ZIP: 60532

PHONE: 630-964-8425 TYPE: Cell (Home) * Daughter-630-251-6540

BIRTHDATE: (month, day, year) 7-9-40 AGE: 80

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	___ Married ___ Single (never married) ___ Divorced ✓ Widow(ed)	SINGLE $798 ABOVE / (BELOW)
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / (NO)	___ Cane ✓ Walker ___ Wheelchair	___ 1 ✓ 2 ___ 3 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES (NO)
2. I eat fewer than 2 meals per day — YES (NO)
3. I eat few fruits, vegetables, or milk products — (YES) NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES (NO)
5. I have tooth or mouth problems that make it hard to eat — (YES) NO
6. I do have enough money to buy the foods I need — YES (NO)

7. I eat alone most of the time YES (NO)

8. I take 3 or more different prescribed or over the counter medications a day (YES) NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES (NO)

10. I am physically able to shop, cook, and/or feed myself YES (NO)

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? (YES) NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

Ruby Smith

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-1-20 E-MAIL: _____

LAST NAME: Sotka FIRST NAME: Denise

ADDRESS: 580 Bluebell Ct APT. #: _____

CITY: Lisle STATE: _____ ZIP: 60532

PHONE: 312 - 316 4544 TYPE: Cell / Home

BIRTHDATE: (month, day, year) _____ AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male X Female	___ African Amer. ___ Hispanic/Latino ___ Asian X White	___ Married ___ Single (never married) 1 Divorced ___ Widow(ed)	**SINGLE** $798 ABOVE / BELOW S.S. **MARRIED** $1,069 ABOVE / BELOW
DIABETIC			
YES / (NO)			
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / NO	___ Cane ___ Walker ___ Wheelchair	X 1 ~~2~~	___ 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

Heart Surgery

1. I have an illness or condition that made me change the kind or amount of food I eat	(YES)	NO
2. I eat fewer than 2 meals per day	YES	(NO)
3. I eat few fruits, vegetables, or milk products	(YES)	NO
4 I have 3 or more drinks of beer, liquor, or wine most everyday	YES	(NO)
5. I have tooth or mouth problems that make it hard to eat	YES	(NO)
6. I do have enough money to buy the foods I need	(YES)	NO

Low Salt

SS

7. I eat alone most of the time — YES NO

8. I take 3 or more different prescribed or over the counter medications a day — YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months — YES NO

10. I am physically able to shop, cook, and/or feed myself — YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

by phone
ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-1-2020 E-MAIL: None

LAST NAME: RATZ FIRST NAME:

ADDRESS: 5554 Payton Dr APT. #: A

CITY: NAPERVILLE STATE: IL ZIP: 60563

PHONE: 630 200-2939 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 6-9-50 AGE: 70

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male X Female	___ African Amer. ___ Hispanic/Latino ___ Asian X White	___ Married ___ Single (never married) X Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / NO	___ Cane ___ Walker ___ Wheelchair	___ 1 ___ 2	___ 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES (NO)
2. I eat fewer than 2 meals per day — (YES) NO
3. I eat few fruits, vegetables, or milk products — (YES) NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES (NO)
5. I have tooth or mouth problems that make it hard to eat — YES (NO)
6. I do have enough money to buy the foods I need — YES (NO)

7. I eat alone most of the time — YES NO

8. I take 3 or more different prescribed or over the counter medications a day — YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months — YES NO

10. I am physically able to shop, cook, and/or feed myself — YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE. Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

Sharon Ratz

ENROLEE SIGNATURE

Jane Augustine

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-1- E-MAIL: _____

LAST NAME: Hiscock FIRST NAME: Charles

ADDRESS: 463rd Court APT. #: _____

CITY: Woodridge STATE: IL ZIP: 60517

PHONE: 630 964 4802 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 12/04/1942 AGE: 77

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
X Male ___ Female	___ African Amer. ___ Hispanic/Latino ___ Asian X White	X Married ___ Single (never married) ___ Divorced ___ Widow(ed)	**SINGLE** $798 ABOVE / BELOW
DIABETIC YES / NO			**MARRIED** $1,069 ABOVE / BELOW
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / NO	___ Cane ___ Walker ___ Wheelchair	X 1 2	___ 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1.	I have an illness or condition that made me change the kind or amount of food I eat	YES	NO
2.	I eat fewer than 2 meals per day	YES	NO
3.	I eat few fruits, vegetables, or milk products	YES	NO
4	I have 3 or more drinks of beer, liquor, or wine most everyday	YES	NO
5.	I have tooth or mouth problems that make it hard to eat	YES	NO
6.	I do have enough money to buy the foods I need	YES	NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

by phone

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-2-20 E-MAIL: D.Beckman-Comcast.net

LAST NAME: Beckman FIRST NAME: Diane

ADDRESS: 6305 Taylor Drive APT. #: N/A

CITY: Woodridge STATE: IL ZIP: 60517

PHONE: 630-363-7863 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 9-22-43 AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	✓ Married ___ Single (never married) ___ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / (BELOW)
DIABETIC			MARRIED $1,069 ABOVE / BELOW
YES / (NO)			
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / (NO)	✓ Cane ___ Walker ___ Wheelchair	___ 1 (2)	___ 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES / (NO)
2. I eat fewer than 2 meals per day — YES / NO
3. I eat few fruits, vegetables, or milk products — (YES) / NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES / (NO)
5. I have tooth or mouth problems that make it hard to eat — YES / (NO)
6. I do have enough money to buy the foods I need — YES / NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

Ruby Smith

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-2-20 E-MAIL: D.Beckman.Comcast.net

LAST NAME: Beckman FIRST NAME: Michael

ADDRESS: 6305 Taylor Drive APT. #:

CITY: Woodridge STATE: IL ZIP: 60517

PHONE: 630 363-7863 TYPE: Cell / ~~Home~~

BIRTHDATE: (month, day, year) 5-19-44 AGE:

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
✓ Male Female	African Amer. Hispanic/Latino Asian ✓ White	✓ Married Single (never married) Divorced Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC			**MARRIED** $1,069 ABOVE / BELOW
YES / NO			
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / NO	Cane Walker N/A Wheelchair	1 ✓ 2	3 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES / NO
2. I eat fewer than 2 meals per day — YES / NO
3. I eat few fruits, vegetables, or milk products — YES / NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES / NO
5. I have tooth or mouth problems that make it hard to eat — YES / NO
6. I do have enough money to buy the foods I need — YES / NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At HIGH Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch Army NO

Other: _____

_____

ENROLEE SIGNATURE

Ruby Doe

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-2-20 E-MAIL: ?

LAST NAME: Mosher FIRST NAME: Esther

ADDRESS: 5S605 W. Best APT. #:

CITY: Naperville STATE: IL ZIP: 60563

PHONE: 630-355-2437 TYPE: Cell (Home)

BIRTHDATE: (month, day, year) 9-1-28 AGE:

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	___ Married ___ Single (never married) ___ Divorced ✓ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / (NO)			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / (NO)	___ Cane ___ Walker ___ Wheelchair	(1) ___ 2 ___ 3 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES (NO)
2. I eat fewer than 2 meals per day — (YES) NO
3. I eat few fruits, vegetables, or milk products — (YES) NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES (NO)
5. I have tooth or mouth problems that make it hard to eat — YES (NO)
6. I do have enough money to buy the foods I need — (YES) NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-2-20 E-MAIL: _____

LAST NAME: PATRICIA FIRST NAME: Home.

ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ TYPE: Cell / Home

BIRTHDATE: (month, day, year) 3-10-43 AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	___ Married ✓ Single (never married) ___ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / NO	___ Cane ___ Walker ___ Wheelchair	1 ___ 3 ___ 2 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat	YES	NO
2. I eat fewer than 2 meals per day	YES	NO
3. I eat few fruits, vegetables, or milk products	YES	NO
4 I have 3 or more drinks of beer, liquor, or wine most everyday	YES	NO
5. I have tooth or mouth problems that make it hard to eat	YES	NO
6. I do have enough money to buy the foods I need	YES	NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

_____

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-2-20 E-MAIL:

LAST NAME: Leone FIRST NAME: Theresa

ADDRESS: 4920 Edward Drive APT. #: N/A

CITY: Downers Grove STATE: IL ZIP: 60515

PHONE: TYPE: Cell / Home

BIRTHDATE: (month, day, year) AGE:

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	✓ Married ___ Single (never married) ___ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH YES / NO	MOBILITY ___ Cane ___ Walker ___ Wheelchair	NUMBER OF PEOPLE IN HOUSHOLD ___ 1 ___ 2 ✓ 3 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES / NO
2. I eat fewer than 2 meals per day — YES / NO
3. I eat few fruits, vegetables, or milk products — YES / NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES / NO
5. I have tooth or mouth problems that make it hard to eat — YES / NO
6. I do have enough money to buy the foods I need — YES / NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

_____

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-2-20 E-MAIL: _____

LAST NAME: Leone FIRST NAME: William

ADDRESS: 4420 Edward Ave APT. #: _____

CITY: Downers Grove STATE: _____ ZIP: _____

PHONE: _____ TYPE: Cell / Home

BIRTHDATE: (month, day, year) _____ AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
✓ Male Female	African Amer. Hispanic/Latino Asian ✓ White	✓ Married Single (never married) Divorced Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES (NO)			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / (NO)	Cane Walker Wheelchair	1 2	✓ 3 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat (YES) NO
2. I eat fewer than 2 meals per day (YES) NO
3. I eat few fruits, vegetables, or milk products (YES) NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday YES (NO)
5. I have tooth or mouth problems that make it hard to eat YES (NO)
6. I do have enough money to buy the foods I need (YES) NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch Army NO

Other: _____

_____

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-2-20 E-MAIL:

LAST NAME: GORABOWSKI FIRST NAME: Beatrice

ADDRESS: 4795 Karns Ave. APT. #: 121

CITY: Lisle STATE: IL ZIP: 60532

PHONE: (630) 544-7896 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 4-28-41 AGE:

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	___ Married ___ Single (never married) ___ Divorced ✓ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / NO	___ Cane ___ Walker ___ Wheelchair	✓ 1 ___ 2	___ 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1.	I have an illness or condition that made me change the kind or amount of food I eat	YES NO
2.	I eat fewer than 2 meals per day	YES NO
3.	I eat few fruits, vegetables, or milk products	YES NO
4	I have 3 or more drinks of beer, liquor, or wine most everyday	YES NO
5.	I have tooth or mouth problems that make it hard to eat	YES NO
6.	I do have enough money to buy the foods I need	YES NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

Ruby Ameth

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 09/04/2020 E-MAIL: casulak@comcast.com

LAST NAME: Salak FIRST NAME: Clara

ADDRESS: 1707 Burlington Ave APT. #:

CITY: Lisle STATE: IL ZIP: 60532

PHONE: (630) 969-1246 TYPE: Cell (Home)

BIRTHDATE: (month, day, year) 08/12/1935 AGE: 85

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male X Female	___ African Amer. ___ Hispanic/Latino ___ Asian X White	___ Married ___ Single (never married) ___ Divorced X Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES (NO)			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES (NO)	X Cane X Walker ___ Wheelchair	___ 1 ___ 2	X 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat (YES) NO need to add protein
2. I eat fewer than 2 meals per day YES (NO)
3. I eat few fruits, vegetables, or milk products ~~YES~~ ~~NO~~ No
4. I have 3 or more drinks of beer, liquor, or wine most everyday YES (NO)
5. I have tooth or mouth problems that make it hard to eat YES (NO)
6. I do have enough money to buy the foods I need YES NO Sometimes

7. I eat alone most of the time — YES (NO)

8. I take 3 or more different prescribed or over the counter medications a day — (YES) NO

9. without wanting to, have you lost/gained 10 pounds in the last six months — (YES) NO due to surgery

10. I am physically able to shop, cook, and/or feed myself — YES (NO)

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? (YES) NO

ARE YOU A VETERAN: YES what branch_____ (NO)

Other: _____

_____

ENROLEE SIGNATURE

Jim Jim Voudron

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-4-20 E-MAIL:

LAST NAME: Sulak FIRST NAME: Robert

ADDRESS: 1707 Burlington Ave APT. #:

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 964-1246 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 09/01/1959 AGE: 61

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
X Male ___ Female	___ African Amer. ___ Hispanic/Latino ___ Asian X White	___ Married X Single (never married) ___ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC (YES) NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES (NO)	Cane Walker Wheelchair	___ 1 ___ 2	X 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat (YES) NO
2. I eat fewer than 2 meals per day YES (NO)
3. I eat few fruits, vegetables, or milk products (YES) (NO)
4. I have 3 or more drinks of beer, liquor, or wine most everyday YES (NO)
5. I have tooth or mouth problems that make it hard to eat YES (NO)
6. I do have enough money to buy the foods I need YES (NO)

7. I eat alone most of the time YES (NO)

8. I take 3 or more different prescribed or over the counter medications a day (YES) NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES (NO)

10. I am physically able to shop, cook, and/or feed myself YES (NO)

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES (NO)

ARE YOU A VETERAN: YES what branch_____ (NO)

Other: _____

_____

ENROLEE SIGNATURE

Jen Vondran

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-4-20 E-MAIL: _____

LAST NAME: Hawkinson FIRST NAME: Ruth

ADDRESS: 4795 Karns Ave. APT. #: 118

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 480-392-0670 TYPE: (Cell) / Home

BIRTHDATE: (month, day, year) 5-15-40 AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	___ Married ___ Single (never married) ___ Divorced ✓ Widow(ed)	**SINGLE** ~~$798~~ ABOVE / BELOW
DIABETIC YES / NO			**MARRIED** $1,069 ABOVE / BELOW
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / NO	✓ Cane ✓ Walker ___ Wheelchair	✓ 1 ___ 2 ___ 3 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES NO
2. I eat fewer than 2 meals per day — YES NO
3. I eat few fruits, vegetables, or milk products — YES NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES NO
5. I have tooth or mouth problems that make it hard to eat — YES NO
6. I do have enough money to buy the foods I need — YES NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

_____

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-4-20 E-MAIL: _____

LAST NAME: Garcia FIRST NAME: Jesse

ADDRESS: 4795 Karns Ave APT. #: 411

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 708-203-9364 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 7-31-44 AGE: _____

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
✓ Male Female	African Amer. ✓ Hispanic/Latino Asian White	Married Single (never married) ✓ Divorced Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC			**MARRIED** $1,069 ABOVE / BELOW
YES / NO			
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / NO	Cane Walker Wheelchair	✓ 1 2 3 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES / NO
2. I eat fewer than 2 meals per day — YES / NO
3. I eat few fruits, vegetables, or milk products — YES / NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES / NO
5. I have tooth or mouth problems that make it hard to eat — YES / NO
6. I do have enough money to buy the foods I need — YES / NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch Army NO

Other: _____

_____

ENROLEE SIGNATURE

_____

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-8-20 E-MAIL: —

LAST NAME: Buda FIRST NAME: Dorleen

ADDRESS: 125 Lakewood Dr. APT. #:

CITY: Naperville STATE: IL ZIP: 60540

PHONE: 630-267-5100 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 3/7/1943 AGE: 97

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male X Female	___ African Amer. ___ Hispanic/Latino ___ Asian X White	___ Married ___ Single (never married) ___ Divorced X Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC			MARRIED $1,069 ABOVE / BELOW
YES / NO			
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / NO	___ Cane ___ Walker ___ Wheelchair	___ 1 ___ 2	___ 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat YES NO
2. I eat fewer than 2 meals per day YES NO
3. I eat few fruits, vegetables, or milk products YES NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday YES NO
5. I have tooth or mouth problems that make it hard to eat YES NO
6. I do have enough money to buy the foods I need YES NO

7. I eat alone most of the time	YES	NO
8. I take 3 or more different prescribed or over the counter medications a day	YES	NO
9. without wanting to, have you lost/gained 10 pounds in the last six months	YES	NO
10. I am physically able to shop, cook, and/or feed myself	YES	NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

phone

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-9-20 E-MAIL: JLGute@gmail.com

LAST NAME: Gutchman FIRST NAME: Judy

ADDRESS: 5915 Leonard St APT. #: house

CITY: Downers grove STATE: IL ZIP: 60516

PHONE: 630-290-6114 TYPE: (Cell) / Home

BIRTHDATE: (month, day, year) 5-21-55 AGE: 65

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ___ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ___ White	___ Married ___ Single (never married) ___ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / NO	___ Cane ___ Walker ___ Wheelchair	___ 1 ___ 2 ___ 3 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES / NO
2. I eat fewer than 2 meals per day — YES / NO
3. I eat few fruits, vegetables, or milk products — YES / NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES / NO
5. I have tooth or mouth problems that make it hard to eat — YES / NO
6. I do have enough money to buy the foods I need — YES / NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

_____

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-9-20 E-MAIL: Chocolate euphoria@Hotmail.com

LAST NAME: Linderman FIRST NAME: Sharon

ADDRESS: 5915 Leonard APT. #: House

CITY: Downers Grove STATE: IL ZIP: 60516

PHONE: 630-290-6114 TYPE: (Cell) / Home

BIRTHDATE: (month, day, year) 12-4-44 AGE: 75

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
____ Male ____ Female	____ African Amer. ____ Hispanic/Latino ____ Asian ____ White	____ Married ____ Single (never married) ____ Divorced ✓ Widow(ed)	SINGLE ~~$1~~ $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / ~~NO~~	____ Cane ____ Walker ____ Wheelchair N/A	____ 1 ✓2 ____ 3 ____ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat YES (NO)
2. I eat fewer than 2 meals per day (YES) NO
3. I eat few fruits, vegetables, or milk products ~~YES~~ NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday YES (NO)
5. I have tooth or mouth problems that make it hard to eat YES ~~NO~~
6. I do have enough money to buy the foods I need ~~YES~~ NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

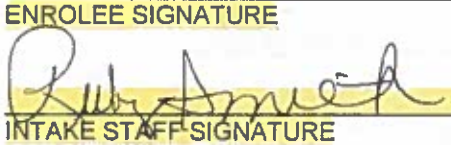
ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE



INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 4-9-20 E-MAIL: DenniHosch47@yahoo.com

LAST NAME: Hosch FIRST NAME: Denni

ADDRESS: 6020 Oakwood Drive APT. #: 2D

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 630-362-1892 TYPE: (Cell) / Home

BIRTHDATE: (month, day, year) 10-18-47 AGE: 72

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	___ Married ___ Single (never married) ✓ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH YES / NO	MOBILITY ___ Cane ✓ Walker ___ Wheelchair	NUMBER OF PEOPLE IN HOUSHOLD ✓ 1 ___ 3 ___ 2 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — (YES) NO
2. I eat fewer than 2 meals per day — (YES) NO
3. I eat few fruits, vegetables, or milk products — (YES) NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES (NO)
5. I have tooth or mouth problems that make it hard to eat — (YES) NO
6. I do have enough money to buy the foods I need — YES (NO)

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

_____

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-9-20 E-MAIL:

LAST NAME: RAO FIRST NAME: CHANDRASHEKAR

ADDRESS: 4425 BLACKHAWK APT. #: 204

CITY: LISLE STATE: FL ZIP: 60532

PHONE: 331-903-7497 TYPE: (Cell) / Home

BIRTHDATE: (month, day, year) 1-5-54 AGE: 66

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
✓ Male Female	African Amer. Hispanic/Latino ✓ Asian White	Married ✓ Single (never married) Divorced Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC YES / NO			MARRIED $1,069 ABOVE / BELOW
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES (NO)	Cane Walker Wheelchair N/A	1 2	3 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat (YES) NO
2. I eat fewer than 2 meals per day (YES) NO
3. I eat few fruits, vegetables, or milk products (YES) NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday YES (NO)
5. I have tooth or mouth problems that make it hard to eat YES (NO)
6. I do have enough money to buy the foods I need (YES) NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-4-20 E-MAIL:

LAST NAME: Ronce FIRST NAME: Josephine

ADDRESS: 4524 Wabash Ave APT. #:

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 630-369-8927 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 4-22-50 AGE: 70

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	___ Married ✓ Single (never married) ___ Divorced ___ Widow(ed)	SINGLE ~~$798~~ ABOVE / BELOW
DIABETIC			MARRIED $1,069 ABOVE / BELOW
YES / NO			
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / NO	___ Cane ___ Walker ___ Wheelchair N/A	✓ 1 ___ 2 ___ 3 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES (NO)
2. I eat fewer than 2 meals per day — (YES) NO
3. I eat few fruits, vegetables, or milk products — (YES) NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES (NO)
5. I have tooth or mouth problems that make it hard to eat — YES (NO)
6. I do have enough money to buy the foods I need — (YES) NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

_____

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-10-20 E-MAIL: _____

LAST NAME: Wicell FIRST NAME: Francine

ADDRESS: 5550 Abby Dr APT. #: 1G

CITY: Lisle STATE: _____ ZIP: 60532

PHONE: 8472756454 TYPE: (Cell) / Home

BIRTHDATE: (month, day, year) 5/24/1956 AGE: 64

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male X Female	___ African Amer. ___ Hispanic/Latino ___ Asian X White	___ Married X Single (never married) ___ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC			MARRIED $1,069 ABOVE / BELOW
YES / (NO)			
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / NO	___ Cane ___ Walker ___ Wheelchair	___ 1 ___ 2	___ 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat YES NO
2. I eat fewer than 2 meals per day YES NO
3. I eat few fruits, vegetables, or milk products YES NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday YES NO
5. I have tooth or mouth problems that make it hard to eat YES NO
6. I do have enough money to buy the foods I need YES NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

Phone
_____
ENROLEE SIGNATURE

_____
INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-10-2020 E-MAIL: _____

LAST NAME: Williams FIRST NAME: Steve

ADDRESS: 3025 Prentice APT. #: _____

CITY: Downers STATE: _____ ZIP: 60516

PHONE: 630-963-5329 TYPE: Cell / Home

BIRTHDATE: (month, day, year) A 4/22/1948 AGE: 72

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
X Male ___ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ___ White No Answer	___ Married X Single (never married) ___ Divorced ___ Widow(ed)	**SINGLE** $798 ABOVE / BELOW
DIABETIC YES / NO			**MARRIED** $1,069 ABOVE / BELOW
LIMITED ENGLISH YES / NO	**MOBILITY** ___ Cane ___ Walker ___ Wheelchair	**NUMBER OF PEOPLE IN HOUSHOLD** ___ 1 ___ 2	___ 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1.	I have an illness or condition that made me change the kind or amount of food I eat	YES	NO
2.	I eat fewer than 2 meals per day	YES	NO
3.	I eat few fruits, vegetables, or milk products	YES	NO
4	I have 3 or more drinks of beer, liquor, or wine most everyday	YES	NO
5.	I have tooth or mouth problems that make it hard to eat	YES	NO
6.	I do have enough money to buy the foods I need	YES	NO

7. I eat alone most of the time	YES	NO
8. I take 3 or more different prescribed or over the counter medications a day	YES	NO
9. without wanting to, have you lost/gained 10 pounds in the last six months	YES	NO
10. I am physically able to shop, cook, and/or feed myself	YES	NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

phone

ENROLLEE SIGNATURE

JC

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-14-20 E-MAIL: _____

LAST NAME: Delong FIRST NAME: Sharon

ADDRESS: 4315 Azalea Drive APT. #: 319

CITY: Lisle STATE: IL ZIP: _____

PHONE: 630-725-1076 TYPE: Cell / (Home)

BIRTHDATE: (month, day, year) 12-2-43 AGE: 76

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
____ Male ____ ✓Female	____ African Amer. ____ Hispanic/Latino ____ Asian ____ ✓White	____ Married ____ Single (never married) ____ ✓Divorced ____ Widow(ed)	SINGLE $798 ABOVE / (BELOW)
DIABETIC			MARRIED $1,069 ABOVE / BELOW
YES / (NO)			
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES (NO)	____ ✓Cane ____ Walker ____ Wheelchair	____ ✓1 ____ 2	____ 3 ____ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES (NO)
2. I eat fewer than 2 meals per day — (YES) NO
3. I eat few fruits, vegetables, or milk products — (YES) NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES (NO)
5. I have tooth or mouth problems that make it hard to eat — (YES) NO
6. I do have enough money to buy the foods I need — (YES) NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

_____

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: Sept 15- 20 E-MAIL:

LAST NAME: Wilke FIRST NAME: Ethel

ADDRESS: 2096 amble APT. #:

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 630-968-6313 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 6-15-34- 42-32 AGE: 86

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	✓ Married ___ Single (never married) ___ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC			MARRIED $1,069 ABOVE / BELOW
YES / NO			
LIMITED ENGLISH	MOBILITY	NUMBER OF PEOPLE IN HOUSHOLD	
YES / NO	___ Cane ✓ Walker ___ Wheelchair	___ 1 2 2 ___ 3 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES NO
2. I eat fewer than 2 meals per day — YES NO
3. I eat few fruits, vegetables, or milk products — YES NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES NO
5. I have tooth or mouth problems that make it hard to eat — YES NO
6. I do have enough money to buy the foods I need — YES NO

7. I eat alone most of the time — YES (NO)

8. I take 3 or more different prescribed or over the counter medications a day — (YES) NO

9. without wanting to, have you lost/gained 10 pounds in the last six months — (YES) NO

10. I am physically able to shop, cook, and/or feed myself — YES (NO)

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: (YES) what branch Navy NO

Other: _____

X E.W. [redacted] - Ethel Wilke

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: Sept 15-20 E-MAIL: _____

LAST NAME: Wilke FIRST NAME: Robert

ADDRESS: 7096 amble APT. #: _____

CITY: Lisle STATE: IL ZIP: 60532

PHONE: 630-968 6313 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 1-2-32 AGE: 88

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
✓ Male ___ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	✓ Married ___ Single (never married) ___ Divorced ___ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC			MARRIED $1,069 ABOVE / BELOW
YES / (NO)			
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / (NO)	___ Cane ___ Walker ✓ Wheelchair	___ 1 2 2 ___ 3 ___ 4 or more	

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1. I have an illness or condition that made me change the kind or amount of food I eat — YES (NO)
2. I eat fewer than 2 meals per day — YES (NO)
3. I eat few fruits, vegetables, or milk products — (YES) NO
4. I have 3 or more drinks of beer, liquor, or wine most everyday — YES (NO)
5. I have tooth or mouth problems that make it hard to eat — YES (NO)
6. I do have enough money to buy the foods I need — (YES) NO

7. I eat alone most of the time YES (NO)

8. I take 3 or more different prescribed or over the counter medications a day (YES) NO

9. without wanting to, have you lost/gained 10 pounds in the last six months (YES) NO

10. I am physically able to shop, cook, and/or feed myself YES (NO)

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition.

ARE YOU RETIRED? (YES) NO

ARE YOU A VETERAN: (YES) what branch Navy NO

Other: _____

X Robert G Wilke
ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE

DuPage Senior Citizens Council
Providing Meals and More...

COVID-19 - PARTICIPANT ENROLLMENT FORM

TODAY'S DATE: 9-14-20 E-MAIL:

LAST NAME: Casey FIRST NAME: Beverly

ADDRESS: 1130 Warren Ave APT. #: 610

CITY: Downers STATE: FL ZIP: 60515

PHONE: 630-852-1676 TYPE: Cell / Home

BIRTHDATE: (month, day, year) 7-2-26 AGE: 94

GENDER	ETHNICITY	MARITAL STATUS	MONTHLY INCOME
___ Male ✓ Female	___ African Amer. ___ Hispanic/Latino ___ Asian ✓ White	___ Married ___ Single (never married) ___ Divorced ✓ Widow(ed)	SINGLE $798 ABOVE / BELOW
DIABETIC			**MARRIED** $1,069 ABOVE / BELOW
YES / NO			
LIMITED ENGLISH	**MOBILITY**	**NUMBER OF PEOPLE IN HOUSHOLD**	
YES / NO	___ Cane ✓ Walker ___ Wheelchair	✓ 1 ___ 2	___ 3 ___ 4 or more

OPTIONAL:

NUTRITIONAL HEALTH STATEMENT

PLEASE CIRCLE BOXES YES or NO

1.	I have an illness or condition that made me change the kind or amount of food I eat	YES NO
2.	I eat fewer than 2 meals per day	YES NO
3.	I eat few fruits, vegetables, or milk products	YES NO
4	I have 3 or more drinks of beer, liquor, or wine most everyday	YES NO
5.	I have tooth or mouth problems that make it hard to eat	YES NO
6.	I do have enough money to buy the foods I need	YES NO

7. I eat alone most of the time YES NO

8. I take 3 or more different prescribed or over the counter medications a day YES NO

9. without wanting to, have you lost/gained 10 pounds in the last six months YES NO

10. I am physically able to shop, cook, and/or feed myself YES NO

Score of 6 or more = At **HIGH** Nutritional risk. The next time you see your doctor, dietitian, or other qualified health or social professional, bring a copy of this form. Talk with them about problems you may have. NOTE: Warning signs suggest risk, but DO NOT represent diagnosis of any condition

ARE YOU RETIRED? YES NO

ARE YOU A VETERAN: YES what branch_____ NO

Other: _____

_____

ENROLEE SIGNATURE

INTAKE STAFF SIGNATURE