

Consumer Characteristics

Please complete this form (at least) annually for Registered Services under the Older Americans Act.
 Data is critical for Federal Title III and State Funds. Unauthorized use is strictly prohibited.
 Information is protected by Privacy and Security Agreements. Names and identifiers are not shared.
 Complete information is important for service eligibility. *Thanks for complete information!*

Name: First _____ Initial _____ Last _____
 Birth Date _____ Date this form completed _____
 Month Day Year Month Day Year

Address: No change-check here
 Physical _____
 Mailing (if different than physical address) _____
 Community _____
 State Alaska _____
 Other Zip _____
 Phone _____
 email _____
 Please check v
 Do you live alone? Yes No
 Gender: Female Male Other

If you use personal or stand-by assistance, supervision or cues, to perform the following activities, please check v the box.

Activities of Daily Living (ADLs)

Eating Bathing
 Dressing Toileting
 Walking
 Transferring in/out of bed/chair

Instrumental Activities of Daily Living (IADLs)

Preparing meals
 Shopping for personal items
 Medication management
 Managing money
 Using telephone
 Doing heavy housework
 Doing light housework
 Using available transportation

Number in Home	Federal Income Guideline Year	2.11.21 Month	
1	\$16,090	\$1,341	For each additional person with income, add \$ 5,680 / year
2	\$21,770	\$1,814	
3	\$27,450	\$2,288	
4	\$33,130	\$2,761	
5	\$38,810	\$3,234	

Is household income above
 OR at or below
 the above Income Guidelines for AK?

Ethnic Race

Alaskan Native/American Indian
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 Non-Minority (white, non-hispanic)
 White Hispanic
 Other

Emergency Contact _____
 Phone: _____

Minority Status

Minority
 Non-Minority
 Missing

Total Score from Determine
Your Nutritional Health (required for HD meals)