



agewellvt.org
 Helpline: 1-800-642-5119
 P 802-865-0360
 F 802-865-0363
 875 Roosevelt Hwy, Ste. 210
 Colchester, VT 05446



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 community
 Age Well.
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CONGREGATE MEAL REGISTRATION FY24

Food where you choose

Date: _____

Last Name: _____ First Name: _____ MI _____

Date of Birth: ____/____/____

If you are under 60, please circle all that apply to you:

Staff Spouse Guest Volunteer Dependent Child Caregiver

Gender: Male Female Prefer to Self-describe _____

Home Phone Number: _____ Alternate Phone Number: _____

If your address has not changed since you last filled out this form check here:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Town or City of Residence (If different from Mailing Address): _____

Email address: _____

I am interested in receiving an email with Age Well's newsletter. Yes No

Ethnicity (check one):

_____ Not Hispanic or Latino
 _____ Hispanic/Latino

Are you a Veteran? Yes No

Are you a Spouse of a Veteran? Yes No

Race (check one):

_____ White _____ American Indian or Alaskan Native _____ Asian
 _____ Black/African American _____ Native Hawaiian or Other Pacific Islander _____ Other

Who do you live with (Circle one)? Alone With Others Spouse/Partner

If you live with a Spouse/Partner is your combined monthly income below \$1,643? Yes No

If you live alone or with others, is your own personal monthly income below \$1,215? Yes No



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Emergency Contact: _____ Relationship: _____

Phone Number: _____

I give permission for Age Well to use any photos of me taken at meal sites or events. Yes No

FY24 NUTRITION RISK ASSESSMENT

Instructions: Read the statements below. Circle the number in the “Yes” column for the statements that apply to you and “No” for the statements that don’t. For each “yes”, total the number in the boxes for your nutrition score.

Nutrition Checklist	Yes	No
1. I have an illness/condition that made me change the food and/or amount I eat	2	0
2. I eat fewer than 2 meals per day.	3	0
3. I eat few fruits/vegetables daily.	1	0
4. I eat few of dairy products (milk, yogurt, or cheese) daily.	1	0
5. I have 3 or more drinks of beer, liquor or wine almost every day.	2	0
6. I have teeth or mouth problems that make it hard for me to eat.	2	0
7. I don’t always have enough money to buy the food I need.	4	0
8. I eat alone most of the time.	1	0
9. I take 3 or more prescribed or over-the-counter drugs a day.	1	0
10. Without wanting to, I have lost or gained more than 10 lbs. in the last 6 months.	2	0
11. I am not always able to shop, cook and/or feed myself.	2	0
Total Score:		

What does your total score mean? If it is:

0-2 That’s good! Recheck your nutrition score in 6 months.

3-5 You are at moderate nutrition risk. See what you can do to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center, health department, and/or physician can help you interpret these results. Recheck your nutrition score in 3 months.

6+ You are at high nutrition risk. You may want to talk with your doctor, registered dietitian, or other qualified health or social service professional about how to interpret these results.

Age Well is a nonprofit organization that serves Addison, Chittenden, Franklin and Grand Isle counties and is the largest Meals on Wheels provider in Vermont. Our mission is to provide the support and guidance that inspires our community to embrace aging with confidence. To learn more and donate, visit: agewellvt.org