



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



Help our  
community  
Age Well.  
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agewellvt.org



## CONGREGATE MEAL REGISTRATION FY25

*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) **OR** Check here if Multi-Racial \_\_\_\_\_ (check all that apply below)  
\_\_\_\_\_ 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 \$1703?    Yes    No

If you live alone or with others, is your own personal monthly income below \$1,255?    Yes    No

PLEASE ANSWER THE QUESTIONS ON THE BACK



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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

### FY25 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/amount I eat.	2	0
2. I eat fewer than 2 meals a day.	3	0
3. I eat few fruits or vegetables, or milk products.	1	0
4. I have 3 or more drinks of beer, liquor or wine almost every day?	2	0
5. I have tooth or mouth problems that make it hard for me to eat.	2	0
6. I don’t always have enough money to buy the food I need?	4	0
7. I eat alone most of the time?	1	0
8. I take 3 or more prescribed or over-the-counter drugs a day?	1	0
9. Without wanting to, I have lost or gained 10lbs in the last six months.	2	0
11. I am not always physically able to shop, cook, and/or feed myself.	2	0
<b>Total Score:</b>		

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 a 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](http://agewellvt.org)