

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

Consumer Name: First: _____		MI: _____	Last: _____	
Today's Date: _____ <small>(mm/dd/yyyy)</small>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other		Birth Date: _____ <small>(mm/dd/yyyy)</small>	
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					
	<input type="checkbox"/> None	<input type="checkbox"/> Early Onset Dementia	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Unknown
Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No Care recipient is between the ages of 18 and 59 and has a disability.					

II. CAREGIVER/CARE RECIPIENT STATUS

Care Status:	<input type="checkbox"/> Consumer is Caregiver	Name of Care Recipient: _____
	<input type="checkbox"/> Consumer is Care Recipient	Name of Caregiver: _____
Relationship:	Caregiver's Relationship to the Care Recipient	
	<input type="checkbox"/> Brother	<input type="checkbox"/> Daughter <input type="checkbox"/> Daughter-in-Law <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Father*
	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather* <input type="checkbox"/> Grandmother* <input type="checkbox"/> Grandson <input type="checkbox"/> Husband
	<input type="checkbox"/> Mother*	<input type="checkbox"/> Non-Relative <input type="checkbox"/> Other Relative <input type="checkbox"/> Sister <input type="checkbox"/> Son
	<input type="checkbox"/> Son-in-Law	<input type="checkbox"/> 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: <small>(Language spoken at home)</small>	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Arabic	<input type="checkbox"/> Cambodian (Khmer)	<input type="checkbox"/> Chinese
	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Greek
	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Italian	<input type="checkbox"/> Korean
	<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Tactical Sign Language	<input type="checkbox"/> Turkish	<input type="checkbox"/> Urdu	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Other (Please Specify) _____			
Speaks English:	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not At All			
Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Race: <small>(Check all that apply)</small>	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Asian American	<input type="checkbox"/> Black/African American	
	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White-Not Hispanic/Latino	
	<input type="checkbox"/> White-Hispanic/Latino	<input type="checkbox"/> 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: **I live alone or with someone other than a spouse and MY monthly income is about:**

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

☐ 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 - ALL SERVICES EXCEPT CAREGIVERS

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 Transportation

(*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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____