

## 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:** (mm/dd/yyyy) **Gender:**  Female  Male  Non-Binary  Other **Birth Date:** (mm/dd/yyyy)

**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**  Consumer Age 60 and Older  Disabled in Elderly Housing  Disabled Living with an Elderly Person  
**Type:**  Spouse of Person Age 60+  Volunteer  Caregiver Age 60 and older

**Cognitive Impairment:** Has Alzheimer's disease or a related dementia  
 None  Early Onset Dementia  Mild  Moderate  Severe  Unknown

**Disability:**  Yes  No Care recipient is between the ages of 18 and 59 and has a disability.

## II. CAREGIVER/CARE RECIPIENT STATUS

**Care Status:**  Consumer is Caregiver **Name of Care Recipient:**  
 Consumer is Care Recipient **Name of Caregiver:**

**Relationship:** Caregiver's Relationship to the Care Recipient  
 Brother  Daughter  Daughter-in-Law  Domestic Partner  Father\*  
 Granddaughter  Grandfather\*  Grandmother\*  Grandson  Husband  
 Mother\*  Non-Relative  Other Relative  Sister  Son  
 Son-in-Law  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:**  American Sign Language  Arabic  Cambodian (Khmer)  Chinese  
(Language spoken at home)  English  French  German  Greek  
 Gujarati  Haitian Creole  Italian  Korean  
 Polish  Portuguese  Russian  Spanish  
 Tactical Sign Language  Turkish  Urdu  Vietnamese  
 Other (Please Specify)

**Speaks English:**  Very well  Well  Not Well  Not At All

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

**Race:**  American Indian/Alaskan Native  Asian/Asian American  Black/African American  
(Check all that apply)  Middle Eastern/North African  Native Hawaiian/Pacific Islander  White-Not Hispanic/Latino  
 White-Hispanic/Latino  Other

### III. DEMOGRAPHIC INFORMATION - Housing, Living Situation and Income

<b>Housing:</b>	<input type="checkbox"/> Private Home	<input type="checkbox"/> Private Apartment	<input type="checkbox"/> Senior Housing		
	<input type="checkbox"/> Congregate Housing	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Residential Care Home		
	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Other (Please Specify) _____		
<b>Living Arrangements:</b>	<input type="checkbox"/> Alone	<input type="checkbox"/> With Spouse	<input type="checkbox"/> With Unmarried Partner		
	<input type="checkbox"/> With Spouse/Partner and Child/ren	<input type="checkbox"/> With Child/ren Only, No Spouse/Partner			
	<input type="checkbox"/> With Grandchild/ren	<input type="checkbox"/> With Other Relatives	<input type="checkbox"/> With Others		
<b>Marital Status:</b>	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Never Married	<input type="checkbox"/> Widowed
<b>Income:</b>	<b>I live alone or with someone other than a spouse and MY monthly income is about:</b>				
*(at/below the 100% FPL is In Poverty, FPL 2024)	<input type="checkbox"/> At or Below \$1,255 (100%)*	<input type="checkbox"/> \$1,256-\$1,569 (125%)	<input type="checkbox"/> \$1,570-\$1,883 (150%)		
	<input type="checkbox"/> \$1,884-\$2,196 (175%)	<input type="checkbox"/> \$2,197-\$2,510 (200%)	<input type="checkbox"/> \$2,511 or over (over 200%)		
	<b>I live with my spouse and OUR monthly income is about:</b>				
	<input type="checkbox"/> At or Below \$1,703 (100%)*	<input type="checkbox"/> \$1,704-\$2,129 (125%)	<input type="checkbox"/> \$2,130-\$2,555 (150%)		
	<input type="checkbox"/> \$2,556-\$2,981 (175%)	<input type="checkbox"/> \$2,982-\$3,407 (200%)	<input type="checkbox"/> \$3,408 or over (over 200%)		

### IV. ASSISTANCE WITH ACTIVITIES NEEDED - ALL SERVICES EXCEPT CAREGIVERS

<b>ADLs</b> (Activities of Daily Living)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Eating <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dressing <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bathing/Washing <input type="checkbox"/> <input type="checkbox"/>
		Using the toilet <input type="checkbox"/> <input type="checkbox"/>		Getting Out of Bed/Chair <input type="checkbox"/> <input type="checkbox"/>		Continence <input type="checkbox"/> <input type="checkbox"/>
<b>IADLs</b> (Instrumental Activities of Daily Living)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Planning/Preparing Meals <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Shopping <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walking* <input type="checkbox"/> <input type="checkbox"/>
		Managing Money <input type="checkbox"/> <input type="checkbox"/>		Using the Telephone <input type="checkbox"/> <input type="checkbox"/>		
		Housekeeping <input type="checkbox"/> <input type="checkbox"/>		Doing Laundry <input type="checkbox"/> <input type="checkbox"/>		
		Taking Medicine <input type="checkbox"/> <input type="checkbox"/>		Using Transporation <input type="checkbox"/> <input type="checkbox"/>		

(\* 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 <input type="checkbox"/> No <input type="checkbox"/>	I have an illness or condition that made me change the kind or amount of food I eat. (2)
<input type="checkbox"/> <input type="checkbox"/>	I eat fewer than 2 meals per day. (3)
<input type="checkbox"/> <input type="checkbox"/>	I eat few fruits and vegetables or dairy products. (2)
<input type="checkbox"/> <input type="checkbox"/>	I have problems chewing/swallowing that make it hard for me to eat. (2)
<input type="checkbox"/> <input type="checkbox"/>	I do not always have enough money or food stamps to buy the food I need. (4)
<input type="checkbox"/> <input type="checkbox"/>	I take 3 or more different prescription or over-the-counter drugs each day. (1)
<input type="checkbox"/> <input type="checkbox"/>	I eat alone most of the time. (1)
<input type="checkbox"/> <input type="checkbox"/>	I have 3 or more drinks of beer, liquor or wine almost every day. (2)
<input type="checkbox"/> <input type="checkbox"/>	Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2)
<input type="checkbox"/> <input type="checkbox"/>	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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____