



Welcome to the Senior Community Café!

LifeBridge welcomes you to the Senior Community Café lunch program! At most sites, lunch is served daily around the noon hour. **You must make a reservation at least one day in advance of your participation.** All participants **MUST** fill out a registration form to have lunch. Please call the site manager by 11:00 am, if you are unable to make your reservation.

The Senior Community Café is for people residing within the Greater New Haven area who are **60 years** of age or older. The accompanying spouse of an eligible participant, and anyone with disabilities who have not yet reached the age of sixty, but who reside in housing where Senior Café meals are served are also eligible. Please note that the person who receives home delivered Meal on Wheels or other services from the CT Homecare Program for the Elderly are **NOT** eligible to eat at the café sites.

The Senior Community Café is to provide balanced nutrition and to encourage socialization and companionship. Therefore, we request that all participants conduct themselves appropriately and behave in an acceptable manner that respects the cultural and social diversities of all program participants. Staff and volunteers. Inappropriate behavior or the use of offensive language will not be tolerated and may result in the loss of your café privileges.

All café meals are approved by registered dietitians as being low salt, low fat and low cholesterol. All meals meet established guidelines for good nutrition. Salt and pepper are available for you to season your food.

Please note that Federal regulations and municipal public health codes **prohibit the removal of perishable food items from the Senior Community Café.** The only items that may be removed are fresh fruit and pastry.

Although there is no charge for the meals you receive, we strongly encourage a suggested donation of \$3.00. Participant donations help us to meet our expenses and expand and improve program quality. Please know that your generosity is truly appreciated.

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 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 ☐ 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 ☐ Consumer is Care Recipient **Name of 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: (Language spoken at home) ☐ American Sign Language ☐ Arabic ☐ Cambodian (Khmer) ☐ Chinese ☐ 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: (Check all that apply) ☐ American Indian/Alaskan Native ☐ Asian/Asian American ☐ Black/African American ☐ Middle Eastern/North African ☐ Native Hawaiian/Pacific Islander ☐ White-Not Hispanic/Latino ☐ White-Hispanic/Latino ☐ Other

III. DEMOGRAPHIC INFORMATION - Housing, Living Situation and Income

Housing:	<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) _____		
Living Arrangements:	<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		
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Never Married	<input type="checkbox"/> 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)	<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%)		
	I live with my spouse and OUR monthly income is about:				
	<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

ADLs (Activities of Daily Living)	Yes No	Yes No	Yes No
	<input type="checkbox"/> <input type="checkbox"/> Eating	<input type="checkbox"/> <input type="checkbox"/> Dressing	<input type="checkbox"/> <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
IADLs (Instrumental Activities of Daily Living)	Yes No	Yes No	Yes No
	<input type="checkbox"/> <input type="checkbox"/> Planning/Preparing Meals	<input type="checkbox"/> <input type="checkbox"/> Shopping	<input type="checkbox"/> <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 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	
<input type="checkbox"/> <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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____