



Grab and Go Meal Registration Form Instructions

Thank you for your interest in participating in Nutrition Services through the Illinois Aging Network. Nutrition services may be offered in person through group meal sites, through home-delivery, and/or through “grab and go” meals. The type of meals available are based on both individual eligibility and area service availability.

- **Congregate Meals (In Person):** The in-person meal sites are often in community centers, senior centers, and housing facilities. Contact your Area Agency on Aging to find out the locations, days, and times of congregate meal services in your area.
 - **Home-Delivered Meals (Delivery):** Home delivered meals are available for older adults that have difficulty leaving their home and/or making healthy meals. Contact your Area Agency on Aging to request home-delivered meal services.
 - **“Grab and Go” Meals:** The “grab and go” meal option was created in response to the COVID pandemic. Meals are provided to take and eat at home. The meal may include access to virtual (Zoom-type) social or other programs. This service is not available in all areas of the state. Contact your Area Agency on Aging to find out if this service is available.
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This packet provides step-by-step instructions to fill out the required “Grab and Go Meal Registration Form.” This form must be fully completed and given to staff before receiving a “Grab and Go” meal. Please contact an agency staff if you have any questions or would like help in filling out the form. Make sure to answer each question on the form. The answers are required by the program funders and are also used for program planning purposes.

You have also received the following brochures and handouts:

- Illinois Department on Aging “*Nutritional Risk and Your Health*” brochure
- Food Allergy/Special Diet Notification handout

We hope you take a few minutes to read through the brochures and handouts to learn more about nutrition and the connections to your health.

Eligibility

To be eligible for “Grab and Go” meals, you must meet the following eligibility:

- Adults aged sixty (60) or older
- Spouses of eligible older adult(s), regardless of age or ability status, if receiving the meal is in the best interest of the older adult
- Individuals living with disabilities who reside at home with the eligible older adult.

“GRAB AND GO” MEAL REGISTRATION FORM INSTRUCTIONS

Older Adult Information (ALL INFORMATION IS REQUIRED)	
First and Last Name	Write your legal first and last name.
Date of Birth	Write your date of birth in following format: MM/DD/YYYY
Street Address	Write your street address (exp. 1275 Front Street)
City	Write the name of your city.
Zip Code	Write the nine-digit zip code.
Phone, Cell Phone	Write your phone number and/or cell phone number.
Authorized Representative	If there is someone who is legally able to act on your behalf, list their name, phone number, and your relationship.
Emergency Contact	Write the name of a person you want staff to contact if you have a medical emergency or if staff are unable to reach you after multiple attempts. This should be a person you are in regular contact with that knows your general daily routines. This does not need to be a Power of Attorney agent.
Race (Required for federal reporting)	<p>Check all the boxes that apply to your race.</p> <ul style="list-style-type: none"> • White – A person having origins in any of the peoples of Europe, the Middle East, or North Africa. • Black or African American – A person having origins in any of the black racial groups in Africa. • Native Hawaiian or Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands. • American Indian or Alaskan Native – A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachments. • Asian or Asian American – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Ethnicity (Required for federal reporting)	<p>Check one of the ethnicity options.</p> <ul style="list-style-type: none"> • Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. • Not Hispanic or Latino
Gender	Check one of the gender options.
Have you served in the U.S. Armed Forces?	Check “Yes” or “No” if you ever served in the United States Armed Forces.
Marital Status	Check one of the marital status options.
Do you live alone?	Check “Yes” or “No”.
Monthly Income	<p>Write down the total amount of your monthly income.</p> <p>“Total” income is the sum of the amounts for: wage/salary; net self-employment income; interest, dividends, or net rental income, or income from estates and trusts; social security or railroad retirement income; Supplemental Security Income; public assistance payments; retirement, survivor, or disability pensions; and all other income.</p>
Limited English-Speaking	Check “Yes” or “No” if you have limited English-speaking abilities. If you check yes, please list the primary language spoken.

Nutrition Risk Screening	
This section asks a total of ten (10) questions about your nutrition and health. The purpose is to find out if you may be at risk for poor nutrition. Please note the Nutrition Risk Screening suggests risk but does not represent a medical condition diagnosis.	
Ten (10) questions (Required for federal reporting)	Answer "Yes" or "No" to each of the questions listed. All questions need to be answered. Responses do not affect your eligibility for services. Do not enter any information into the "Points" column. This is for staff use.

Additional Nutrition Information	
Do you currently receive food assistance benefits?	Check "Yes" if you receive assistance through a benefit program including SNAP, SFMNP, and TEFAP.
Do you currently receive meal assistance from another source?	Check "Yes" if you receive meal assistance from family, church, or another source.
Do you have difficulty chewing/poor dental health?	Check "Yes" or "No".
Do you have difficulty swallowing?	Check "Yes" or "No".
Do you have special diet needs?	Check the box if you need a specific special diet. If your special diet need is not listed, please check "Other" and list the type of diet on the line provided.
Do you have any food allergies?	Check "Yes" or "No". If you check "Yes", please list food allergies. Note: It is your responsibility to review the weekly menu and to tell the nutrition provider any allergy concerns. When possible, the provider will offer a special meal to meet your needs.

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)	
This section asks about several activities that are part of daily living. We are asking you about your abilities to complete these tasks to help identify needs for assistance and referrals to support services.	
Seven questions about ADLs: eating, bathing, grooming, dressing, toileting, walking/mobility, and getting in and out of bed/chairs	Check "Yes" for each of the activities if you have trouble completing the task or frequently need help to complete the task.
Nine questions about IADLs: laundry, shopping, light housework, heavy housework, telephone, financial management, transportation, meal preparation, and medication management.	Check "Yes" for each of the activities if you have trouble completing the task or frequently need help to complete the task.

Participant Certification	
Participant Signature	Sign your full name.
Date	Write the date the registration form is completed.

Thank you for completing the Grab and Go Meal Registration Form. Please turn in the form to the nutrition provider staff. The remainder of the form is to be completed by staff.