



Department of Senior Affairs Registration Form for Senior Facilities

-Begin Here-

New Consumer Renewal

Date Registered: ____/____/____

Legal Name:

First Name: _____

MI: _____

Last Name: _____

Gender: Male Female

Date of Birth: ____/____/____

SSN: 000-00-____
[]

Email Address: _____@_____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Primary Ethnic Race (select all that apply):

- American Indian/Native Alaskan
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Non-Minority (White, Non-Hispanic)
- Other White-Hispanic

In Poverty (Refer to Page 2): Yes No Don't Know

Lives Alone: Yes No Don't Know

NSIP Meal Eligible (Refer Page 2):

- Age (60 or Older) Spouse Disabled in Elderly Housing
- Disabled Living with Elderly Person Volunteer

Home Phone: (____) ____-____

Cell Phone: (____) ____-____

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Residential Address:

Address 1: _____

Address 2: _____

County: _____

Town: _____

State: _____

Zip: _____

- Municipality: City of Albuquerque
 Unincorporated Bernalillo County
 Village of Los Ranchos De Albuquerque
 Village of Tijeras Other

Mailing Address:

Same as Residential Yes No

If NO, please complete below:

Address 1: _____

Address 2: _____

County: _____

Town: _____

State: _____

Zip: _____

Contacts:

Emergency Contact

Name: _____

Relationship: _____

Home Phone: (____) ____-____

Cell Phone: (____) ____-____

Business Phone: (____) ____-____

OVER-

To inquire about other services the City of Albuquerque provides to anyone age 60 or over in Bernalillo County call 764-6400 v5.13.2021

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NUTRITIONAL HEALTH ASSESSMENT

Ask the Consumer the following questions and circle their response. PLEASE ANSWER EACH QUESTION.	Yes	No
Has the client made any changes in lifelong eating habits because of health problems?	2	0
Does the client eat fewer than 2 meals per day?	3	0
Does the client eat fewer than five (5) servings (1/2 cup each) of fruits or vegetables every day?	1	0
Does the client eat fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?	1	0
Does the client have biting, chewing or swallowing problems that make it difficult to eat?	2	0
Does the client sometimes not have enough money to buy food?	4	0
Does the client eat alone most of the time?	1	0
Does the client take 3 or more different prescribed or over-the-counter drugs per day?	1	0
Without wanting to, has the client lost or gained 10 pounds in the past 6 months?	2	0
Is the client not always physically able to shop, cook and/or feed themselves (or to get someone to do it for them)?	2	0
Does the client have 3 or more drinks of beer, liquor or wine almost every day?	2	0
Add all the Yes responses. If no Yes enter 0.		

All questions must be answered for the software to calculate a Nutritional Risk Score which helps with Funding.

High Nutritional Risk (persons) – An individual who scores six (6) or higher on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative.

When Provider staff interview consumers using the Registration and Assessment Forms the 2020 Tables of Monthly Household Income will be used to answer the NAPIS question of Poverty. The "Household Size" and the "Monthly Household Income as a Range" in combination will be used to determine if a consumer is in Poverty. For example: Determine the Number of persons in the consumer's household. (Family Size is equal to the number of persons related by Birth, Marriage or adoption who occupy the same housing unit). As an example you have a Household Size of 4 when a 60-year-old mother has her daughter, the daughter's

2 children and an unrelated friend living in her home. The unrelated friend is not counted. Then look at the "Table of Monthly Household Income". Go to the number under "Household Size" that corresponds to Household Size just determined and ask the Consumer if their monthly household income is at or less than the amount shown on that line under "Monthly Income as a Range" for that "Household Size". (Monthly Household Income is equal to the total monthly income of all of the persons identified in the family unit that make up the "Household Size".) If the consumer says yes then check "Yes". If the consumer says no then check "No".

(Effective 01/31/2021)

Table of Monthly Household Income 2021

Household Size	Monthly Household Income as a Range
1	\$1,073
2	\$1,452
3	\$1,830
4	\$2,208
5	\$2,587
6	\$2,965
7	\$3,343
8	\$3,722

ELIGIBILITY

Congregate Nutrition Program

- Person 60 years of age or older.
- Spouse of an age-eligible person, regardless of age.
- Widow/Widower, regardless of age, who participated in the Congregate Nutrition Program not subsequently married to a non-eligible person.
- Disabled person who lives in elderly housing facility or development where congregare meals are served, regardless of age.
- Disabled person who resides at home with and accompanies an age-eligible participant to the Congregate Nutrition Program, regardless of age.
- Volunteer who assists in the meal service.

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MEMBERSHIP AGREEMENT, LIABILITY RELEASE AND INDEMNIFICATION

I, the undersigned Participant or parent/legal guardian of Participant who is under 18 years of age (Minor Participant), understand and agree that attendance at and participation in the programs and activities offered by the City of Albuquerque (“City”) Senior Centers and Multigenerational Centers, including using their exercise and fitness rooms and grounds and participating in their off-site programs, may involve exposure to certain hazards or risks, including but not limited to pandemics, including COVID-19, communicable diseases, flaws and defects in facilities or equipment, equipment failures and vehicle crashes, that could result in sickness, injury or even death to me or Minor Participant. By visiting the facilities and grounds, using the City’s equipment, and participating in the City’s activities and programs held on-site and off-site, or authorizing Minor Participant to do so, I voluntarily and freely assume all risks and agree to defend, indemnify and release the City of Albuquerque and its officials, employees, volunteers and agents from all liability for any injuries or other damages sustained in connection with my or Minor Participant’s participation.

If participating in the sports or physical fitness programs offered by the City or using its sports and fitness facilities, I warrant that I am or Minor Participant is physically able to participate in the classes and programs selected . I know of no physical restrictions that would prohibit my or Minor Participant’s participation. I recognize that participation may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing medical disorders, thereby resulting in serious or life-threatening harm. I have been advised by the City that it would be in my best interest to consult with my physician prior to my or Minor Participant’s participation in any of the sports and fitness programs or activities or using the facilities. The City has my permission to secure such emergency medical advice and services, including hospital care, as may be necessary under the circumstances for my or Minor Participant’s health and safety.

I hereby grant the City and its officials, employees, agents, and volunteers permission to record my and/or my child’s/ward’s likeness for use by television, film, radio or printed media in digital, print, or any other medium now known or later discovered to further the aims of those activities and programs and in any other ways they see fit. I hereby release the City and its employees, agents, and volunteers from any and all claims that I or my child may have in connection with the use of such likenesses, including but not limited to libel and invasion of privacy.

By completing this registration, I agree to abide by all rules of the City of Albuquerque, and follow all written and/or oral instructions given to me by authorized personnel of the City, and understand that if I do not comply or Minor Participant does not comply with all rules and instructions relating to use of the Facilities, the City has the right to suspend or terminate my or Minor Participant's participation in the activity or membership without refund.

By my signature below, I confirm that I have read and understand its terms and agree to the above statements in their entirety.

Participant Printed Name	Signature	Date
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Minor Participants [APPLICABLE TO PARENTS/GUARDIANS OF PARTICIPANTS]

I represent and warrant that I am the parent or legal guardian of the participant who is under 18 years of age (Minor Participant) and that I am legally authorized to sign this form on behalf of the Minor Participant. I agree to all terms as applied to Minor Participant.

Parent/Legal Guardian Printed Name	Signature	Date
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