

City of Albuquerque Bernalillo County Area Agency on Aging

SAMS2000 Consumer Registration Form For Senior Centers

Header

- 1) Submitted On: ___/___/_____
- 2) Site & Name: _____
- 3) Registration Type: -Original -Update -Renewal

General - Personal

- 1) First Name: _____
- 2) MI: _____
- 3) Last Name: _____
- 4) Suffix: _____
- 5) AKA: _____
- 6) Marital Status:
-Divorced -Legally Separated -Married
-Single -Widowed
- 7) Gender:
-Female -Male
- 8) Birth Date: ___/___/_____
- 9) SSN: 000 - 00 - _____
- 10) Home Phone: (_____) _____ - _____

Residential Address

- 1) Street 1: _____
- 2) Street 2: _____
- 3) County: _____
- 4) Town: _____
- 5) State: _____
- 6) Zip : _____
- 7) Municipality:
-City of Albuquerque -Unincorporated Bernalillo County
-Village of Los Ranchos De Albuquerque
-Village of Tijeras -Other

Mailing Address

- 1) Same as Residential? -Yes -No
- 2) Street 1: _____
- 3) Street 2: _____
- 4) County: _____
- 5) Town: _____
- 6) State: _____ 7) Zip: _____

NAPIS

- 1) Ethnicity: -Hispanic or Latino
-Not Hispanic or Latino
-Unknown
- 2) In Poverty -Don't Know -No -Yes
- 3) Lives Alone -Don't Know -No -Yes

Status

- 1) Active: *Default is "YES"*
- 2) Reason: *If Status is set to "No" Provide a reason*
- 3) Status Date: ___/___/_____

Other

- 1) E-mail Address: _____

Characteristics

- 1) Disabled: -No -Yes
- 2) Female Head of Household: -No -Yes
- 3) Frail: -No -Yes
- 4) Homebound: -No -Yes
- 5) NSIP Meals Eligible: -No -Yes
- 6) Eligibility Type: -Age (60 or over)
-Disabled in Elderly Housing -Helper/Spouse -Other
-Tribal Age Specification -Volunteer

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Contacts

- 1) Emergency: _____
- 2) Relationship: _____
- 3) Home Phone: (_____) _____ - _____
- 4) Business Phone: (_____) _____ - _____
- 5) Cell Phone: (_____) _____ - _____

Ethnic Races

- 1) Races: **(Check all that apply)**
 - American Indian/Native Alaskan
 - Asian
 - Black/African American
 - Missing
 - Native Hawaiian/Other Pacific Islander
 - Non-Minority (White, Non-Hispanic)
 - Other
 - White (Hispanic)**(If more than 1 race is checked then circle primary race)**

Care Enrollment

- 1) Enroll all Consumers for Locally Funded Services. .
- 2) A second enrollment is to be added for those Consumers who are NSIP Meals Eligible Federally Funded.

Care Manager

- 1) Care Manager: Default Care Manager
- 2) Primary Care Manager: -No -Yes
- 3) Start Date: ____ / ____ / _____

Providers

- 1) Provider Name: City of Albuquerque - DSA
- 2) Default Provider: Yes
- 3) Start Date: ____ / ____ / _____

Assessment Intake

- 1) Date of the assessment: ____ / ____ / _____
- 2) Services requested: _____
- 3) Type of assessment: -Initial assessment
- Reassessment
- 4) Where interviewed: Other Describe: _____
- 5) Agency the assessor works for: DSA
- 6) Communication/language assistance: -No -Yes
- 7) Consumer's primary language: _____
- 8) Communication/language assistance needed:

General Assessment Information

- 1a) Consumers current living arrangement:
 - A. Lives Alone
 - B. With spouse/partner
 - C. Lives with spouse and child
 - D. With child/children
 - E. Information unavailable
 - F. With others
- 1b) name of the consumer's spouse/partner:

- 2) Consumer rates his/her health as:
 - Excellent
 - Good
 - Fair
 - Poor
 - Information unavailable

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Nutritional Health Assessment

Ask the Consumer the following questions and check their response.

PLEASE ANSWER EACH QUESTION	Yes	No
1) Has the client made any changes in lifelong eating habits because of health problems?		
2) Does the client eat fewer than 2 meals per day?		
3) Does the client eat fewer than five (5) servings (1/2 cup each) of fruits or vegetables every day?		
4) Does the client eat fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?		
5) Does the client have biting, chewing or swallowing problems that make it difficult to eat?		
6) Does the client sometimes not have enough money to buy food?		
7) Does the client eat alone most of the time?		
8) Does the client take 3 or more different prescribed or over-the-counter drugs per day?		
9) Without wanting to, has the client lost or gained 10 pounds in the past 6 months?		
10) Is the client not always physically able to shop, cook and/or feed themselves (or to get someone to do it for them)?		
11) Does the client have 3 or more drinks of beer, liquor or wine almost every day?		
All questions must be answered for the Interviewer software to calculate a Nutritional Risk Score (Please check all answers "Yes" or "No")		