GLIDDEN SENIOR NUTRITION PROGRAM

❒ New ❒ Update Date ____ - ____ - _____

Home Delivery _____

First Name _____ Middle Initial ____ Last Name _____
Address _____ City Glidden State Iowa Zip 51443
Phone _____Email _____
Dietary Concerns/Food Allergies _____

Date Of Birth MM/DD/YYYY __ /__/____ Gender ❒ Female ❒ Male
Under 60? Married Spouse of Active Diner ___ Disabled, Live with Active Diner ___

How did you hear about us? ❑ Referred by a Friend ❑ City Newsletter ❑ Facebook ❑ Other_

NUTRITION RISK SCREENING QUESTIONS	**NO/YES**
❶ I have an illness or condition that changes the kind and/or amount of food I eat	N/Y
❷ I eat fewer than 2 meals a day	N/Y
❸ I eat few fruits or vegetables or milk products	N/Y
❹ I have three or more drinks of beer, liquor or wine almost every day	N/Y
❺ I have tooth or mouth problems that make it hard for me to eat	N/Y
❻ I don't always have enough money to buy the food I need	N/Y
❼ I eat alone most of the time	N/Y
❽ I take 3 or more different prescribed or over-the-counter drugs daily	N/Y
❾ Without wanting to, I have lost or gained 10 pounds in the last six months	N/Y
❿ I am not always able to physically shop, cook and/or feed myself	N/Y

Emergency Contact _____ Relationship _____ Phone _____

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff." Revised: 7/2024

Cost: Call City office

Applied for LIHEAP Yes ___ No ___ LIHEAP Eligible Yes ___ No ___ Verified by ___ Meal Assistance Yes ___ No ___

Applicant Signature _____ Date _____

City of Glidden
108 Idaho Street – P.O. Box 349
Glidden, Iowa 51443
(712) 659-3010