Date: ______________________

Print
Name:_______________________________________________________

Declaration of Age

I, the Undersigned, declare that I am at least sixty years of age. I understand that this declaration is required by the New York City Department for the Aging. It ensures that I meet eligibility standards for services provided by this Senior Center under contract with the Department for the Aging.

Signature of Senior

Witnessed by:

Signature of Staff Person

Position of Staff Person
Department for the Aging (DFTA)
Nutrition Screening Questionnaire (NSI)

This is part of the registration process for our DFTA funded sites
The NSI is part of the registration process to become a member of the
Older Adult Centers

1. Do you have an illness or condition that made you change the kind and/or amount of food you eat?
   □ Yes
   □ No

2. Do you eat fewer than 2 meals per day?
   □ Yes
   □ No

3. Do you eat a few fruits or vegetables, or milk products a day?
   □ Yes
   □ No

4. Do you have 3 or more drinks of beer, liquor, or wine almost every day?
   □ Yes
   □ No

5. Has tooth or mouth problems that make it hard for me to eat
   □ Yes
   □ No

6. Does not always have enough money to buy the food I need
   □ Yes
   □ No

7. Eat alone most of the time
   □ Yes
   □ No

8. Takes 3 or more different prescribed or over-the-counter drugs a day
   □ Yes
   □ No
9. Without wanting to, lost or gained 10 or more pounds in the last 6 months

☐ Yes

☐ No

10. Not always physically able to shop, cook, and/or feed themselves

☐ Yes

☐ No

Client Name:

__________________________________________________________

Birthday:

__________________________________________________________