

Membership # \_\_\_\_\_

Bar Code # \_\_\_\_\_

NAPIS \_\_\_\_\_

MEMBERSHIP \_\_\_\_\_



### PARTNERS IN PRIME APPLICATION

*Some of our questions may seem unusual. We must ask, complying with Federal expectations. We hope you understand!*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone No: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Township: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_  
 Spouse's Name (if member): \_\_\_\_\_  
 Wedding Anniversary: \_\_\_\_\_

**NOTIFY IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_

Gender:  Male  Female

Household \_\_\_\_\_  
 Monthly Income:  Refused

Marital Status:  Married  
 Divorced  
 Separated  
 Never Married  
 Widowed  
 Unknown

Limitations:  Cane  
 Walker  
 Wheelchair  
 Lift Needed

Ethnicity:  Cambodian  
 Former Soviet Union  
 Hispanic/ Latino  
 Not Hispanic/ Latino  
 Vietnamese

Race:  American Indian/ Alaskan native  
 Asian  
 Black/ African American  
 Native Hawaiian/ Pacific Islander  
 Other Race  
 Refused/ Unknown  
 2 or more Races  
 White

Self Declared Nutritional Risk Assessment:

1. I have an illness or conditions that made me change the kind and/or the amount of food I eat. [ ] yes [ ] no
2. I eat fewer than 2 meals per day. [ ] yes [ ] no
3. I eat few fruits and vegetables or milk products. [ ] yes [ ] no
4. I have 3 or more drinks of beer, liquor or wine almost every day. [ ] yes [ ] no
5. I have tooth or mouth problems that make it difficult for me to eat. [ ] yes [ ] no
6. I don't always have enough money to buy the food I need. [ ] yes [ ] no
7. I eat alone most of the time. [ ] yes [ ] no
8. I take 3 or more prescribed and/ or over-the-counter drugs per day. [ ] yes [ ] no
9. Without wanting to, I have lost or gained 10 pounds in the past 6 months. [ ] yes [ ] no
10. I am not always physically able to shop, cook, and/or feed myself. [ ] yes [ ] no

