



Health, Housing &  
Community Services Department  
Aging Services Division

# Tri-City Café Annual Registration Form

## 2025-2026

Please print all answers.

Site: Grab & Go/ Café Dine-In Programs

First Name	Last Name
Street Address Apt. #	City State Zip
Primary Phone	Secondary Phone
Mailing Address (if different) <input type="checkbox"/> Homeless	Email Address:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

List Up to Two Emergency Contacts

Name	Phone	Alternate Phone	Relationship

### Demographic Data

<b><u>If SINGLE, do you earn more than \$14,580 per year (or \$1,215 per month)?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State	<b><u>If MARRIED, do you earn more than \$19,720 per year (or \$1,643 per month)?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State	<b><u>How many people live in your home?</u></b> # _____ <input type="checkbox"/> Decline to State
<b><u>Gender:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (M to F) <input type="checkbox"/> Transgender (F to M) <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Not Listed, Specify: _____ <input type="checkbox"/> Decline to State	<b><u>Sex At Birth</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State	<b><u>Sexual Orientation/Sexual Identity:</u></b> <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Not Listed. Please Specify _____ <input type="checkbox"/> Decline to State

<b><u>Race:</u></b> <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian (select nationality below) <input type="checkbox"/> Pacific Islander (select nationality below) <input type="checkbox"/> Multiple Race <input type="checkbox"/> Decline to State
<b><u>Nationality (for Asian and Pacific Islander)</u></b> <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean

Turn over



<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander		
<input type="checkbox"/> Decline to State					
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Decline to State					

<b>Language:</b> <input type="checkbox"/> English Speaking <input type="checkbox"/> Non-English/Language: _____ <input type="checkbox"/> Need Interpreter
<input type="checkbox"/> Decline to State

### DETERMINE YOUR NUTRITIONAL HEALTH

The warning signs of poor nutritional health are often overlooked.  
Use this checklist to find out if you are at nutritional risk.

- TO COMPLETE:**
- 1) Read the statements below.
  - 2) Circle the numbers in the YES column that apply.
  - 3) Check your total score against the ranges below.

	Circle if YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than two (2) meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have three (3) or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take three (3) or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last six (6) months.	2
I am not always physically able to shop, cook and/or feed myself.	2
<b>TOTAL all circled items</b>	

### TOTAL YOUR NUTRITIONAL SCORE. IF IT'S

**0-2 Good!** Recheck your nutritional score at least once a year.

### 3-5 You are at Moderate Nutritional Risk.

See what can be done to improve your eating habits & lifestyle. Recheck your nutritional score in 3-6 months.

### 6 + You are at High Nutritional Risk.

**Take this checklist the next time you see your doctor,** dietitian or other qualified Health or social service professional or consult with a senior center.

**Remember – Warning signs suggest risk but are not a diagnosis of any condition.**