

Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NAPIS REGISTRATION**

(06/05/2018)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

NOTE: If not from our counties, list our county where received service

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date (required) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Hispanic: yes [ ] no [ ]

Race: (mark as many as apply)

African American	[ ]	Indian / Alaskan	[ ]
Asian	[ ]	White	[ ]
Hawaiian / Pacific Islander	[ ]	Other Race	[ ]

Gender: Male [ ] Female [ ] Number in household: \_\_\_\_\_ Low income: yes [ ] no [ ]

<u>Services if a senior adult: (required)</u>	<u>Services if a caregiver/non-parent: (required)</u>
Family Café Meals [ ]	In-Home Respite arranged for a caregiver/NP [ ]
Home Delivered Meals [ ]	All Day Club arranged for a caregiver [ ]
	Gap-Filling arranged for a caregiver/NP [ ]
	III-E Case Management for a caregiver/NP [ ]

1-If a service on the right above is checked:

Are both the caregiver and care receiver registered (both must be registered) yes [ ] no [ ]

Who is the caregiver? \_\_\_\_\_ County \_\_\_\_\_

Who is the care receiver? \_\_\_\_\_ County \_\_\_\_\_

For caregiver, relationship to care receiver is ...

wife [ ]	husband [ ]	son / son-in law [ ]
daughter / daughter-in-law [ ]	other relative [ ]	non-relative [ ]

2-Is this an older person raising children (0-18) or disabled adults (19-59)? yes [ ] no [ ]

If yes, relationship is... grandparent [ ] other elderly relative [ ] elderly, but not a relative [ ]

If yes, # of children age 0-18 \_\_\_\_\_ # of disabled adults age 19-59 \_\_\_\_\_

3-Complete the Nutritional Health form on the next page if a senior adult and received Family Café Meals, HDM, In-Home Respite, or All Day Club

4-Complete the following if received HDM, In-Home Respite, or All Day Club

Do you have <u>any difficulties</u> with these?	Do you have <u>any difficulties</u> with these?
Eating yes [ ] no [ ]	Laundry yes [ ] no [ ]
Bathing yes [ ] no [ ]	Shopping yes [ ] no [ ]
Grooming yes [ ] no [ ]	Light housework yes [ ] no [ ]
Dressing yes [ ] no [ ]	Heavy housework yes [ ] no [ ]
Toileting yes [ ] no [ ]	Telephone usage yes [ ] no [ ]
Walking, mobility yes [ ] no [ ]	Financial management yes [ ] no [ ]
Transferring yes [ ] no [ ]	Transportation yes [ ] no [ ]
	Meal preparation yes [ ] no [ ]
	Medication management yes [ ] no [ ]

5-Complete contact below info unless this is a caregiver or older person raising children/DD

Emer. Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone # \_\_\_\_\_ Work # \_\_\_\_\_

6-Interviewer \_\_\_\_\_ Site \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_

EAAA-117P

File: (F): / Forms / Provider Forms / NAPIS Registration & Nutritional Health

(06/05/2018)

### NUTRITIONAL HEALTH

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

The following is required **ANNUALLY FOR ALL** *Family Café Meal* and *HDM* participants and all **NEW** *In-Home Respite* and *All Day Club* participants.

Send this completed form to the Egyptian Area Agency on Aging.

Read the statements below. Circle the number under the column for answer that applies. Total the nutritional risk score at the bottom.

Nutritional Health Statement - Circle "Yes," "No," or check "No Answer."	Yes	No
1. I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
2. I eat fewer than 2 meals a day.	3	0
3. I eat few fruits & vegetables or milk products.	2	0
4. I have 3 or more drinks of beer, liquor, or wine almost every day.	2	0
5. I have tooth or mouth problems that make it hard for me to eat.	2	0
6. I don't always have enough money to buy the food I need.	4	0
7. I eat alone most of the time.	1	0
8. I take 3 or more different prescribed or over-the-counter drugs a day.	1	0
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0
10. I am not always physically able to shop, cook, and/or feed myself.	2	0
<b>TOTAL (0-21)</b>		

Total Nutritional Score

Meaning of the score

**0 - 2**

**Good!** Recheck your nutritional score annually.

**3 - 5**

**Moderate nutritional risk** – See what can be done to improve eating habits and lifestyle. We recommend rechecking your nutritional score in 3-6 months.

**6+**

**High nutritional risk** – Show a copy of this form the next time you see your doctor, dietician, or other qualified health professional. Talk with them about any health problems you may have. Ask them for help to improve your nutritional health score.

**Remember** that warning signs suggest risk, but do not represent diagnosis of any condition.

## INSTRUCTIONS FOR NAPIS REGISTRATION FORM

### General Instructions

NAPIS, which stands for National Aging Program Information System. Registration is required for all new participants, caregivers, and older adults raising children under age 18 that receive congregate or home delivered meals, In-Home Respite, and / or Adult Day Services.

Get information directly from participants when possible. Let them know that you need this information for reporting purposes only. Make sure they understand that their individual answers will NOT be revealed to anyone else, but are combined with other participants for state reports.

Fill out NAPIS forms completely. Ask the participants to assist you in filling out these forms, if possible. It is important for NAPIS forms to be filled out completely.

Please, write LEGIBLY!

We need information on everyone. Fill out a separate form for a spouse or eligible dependent.

Indicate if someone refuses to answer a question by writing "refused" by it. DON'T leave lines blank (or boxes unchecked) without an explanation.

Mail, fax, or scan and email completed forms monthly to the Egyptian Area Agency on Aging, 200 E. Plaza Dr., Carterville, IL 62918, 618-985-8315, or [gail.johnston@egyptianaaa.org](mailto:gail.johnston@egyptianaaa.org).

Call the Egyptian Area Agency if you need clarification at 1-888-895-3306, ext. 101.

### NAPIS Registration Form Instructions

Register participants, caregivers of older people, and older people caring for children who use or receive congregate meals, home delivered meals, III-E In-Home Respite, and III-E Adult Day Services, III-E Info & assistance, and/or III-E Outreach. Also, indicate if they receive Transportation, III-B I&A, or III-B Outreach services. If the participant has received only Transportation, Title III-B I&A, or III-B Outreach, DO NOT register them or send us this form.

Date, Update, & 1-Time Visitor – Indicate the date the participant started or when you completed this form. If this is an update of previous information sent to the Egyptian AAA, indicate by marking "Yes." Indicate whether the individual is a 1-time visitor.

Name, Middle Initial, Address, City, State, County, & Zip – Please fill out this information on the form completely and clearly as it will help us find duplicate names. Please list the county where the participant received service if they are not from Southern Illinois.

Phone & Birth date or Age – List the telephone number of the individual and his/her date of birth (preferred) or age.

Hispanic & Race – Indicate whether participant is Hispanic. Indicate one or more races, including "Other Race," if needed. Individuals may self declare their race(s).

Gender, Number in Household, & Low income – Indicate the participant's gender, the number in the household, and if they have low income (see poverty guidelines released in March of each year).

Services – Check the box or boxes to the right of every service that is provided to this senior adult and/or caregiver.

1-If a service on the right above is checked: mark *yes or no* whether both caregiver and care receiver are registered (both are required)

Indicate name and county where caregiver lives

Indicate name and county where care receiver lives

Mark caregiver's relationship between caregiver and care receiver

2-Older person raising a children or DD child – mark *yes or no* whether this older person is raising children or adult child with a developmental disability, the number of children (age 0 to 18) and disabled adults (age 19-59) in their care, and the relationship to the children or disabled adults.

3-Complete the Nutritional Health form if received congregate meals or HDM.

4-If received *HDM*, *In-Home Respite*, or *All Day Club*, complete the Activities of Daily Living (ADL's) & Instrumental Activities of Daily Living (IADL's). Ask if they have *any difficulty* with any of the activities listed. Check either the "Yes" or "No" box. Check the "No" box if participant refuses to answer. Definitions for these activities start below.

5-Emergency Contact – Indicate the participant's emergency contact. Please include complete home and work phone numbers. The Egyptian AAA uses this information for disaster planning purposes.

6-Interviewer, Site, & Phone – Provide your name, site name (or town), and telephone number in case we need to contact you. Please provide this information on all forms as we will file these forms and we may need to refer to them later.

## Impairments

Even if the participant can perform most essential components of the activities listed below, with or without an assistive device, if some impairment of function remains such that the participant requires some supervision or physical assistance to accomplish some or all components of the activity, indicate an impairment by checking the 'Yes' box. Check the 'No' box if there is no impairment or you are not sure.

Impairment includes participants who:

- Experience minor, intermittent fatigue in performing the activity
- Take longer to accomplish task(s) than an unimpaired person requires
- Must perform the activity more frequently than an unimpaired person

### Impairments in left column

Eating – Can the participant feed himself/herself? Consider frequency of spills, regardless if adapted table utensils are needed, ability to chew, swallow, cut food into manageable sized pieces, and to chew and swallow hot and cold foods / beverages.

Bathing – Can the participant shower, bathe, or take sponge baths to maintain adequate hygiene?

Grooming – Can the participant able to take care of his/her personal appearance? Only consider shaving, nail care, hair care, and dental hygiene.

Dressing – Can the participant dress and undress as necessary to carry out other activities of daily living? Consider the participant in terms of appropriate dress for weather or street attire as needed.

Toileting – Can the participant take care of bladder/bowel functions without difficulty? Consider the participant's ability to take care of bladder/bowel functions in a timely manner.

Walking, mobility – Can the participant walk not aided by a cane or walker?

Transferring – Can the participant get into and out of bed or other usual sleeping place? Consider the participant's ability to transfer (from/to) between bed and wheelchair, walker, etc.

### Impairments in right column

Laundry – Can the participant use the washer/dryer to do laundry? Consider the participant's ability to sort, lift, and fold clothes.

Shopping – Can the participant shop for household and nutritional needs? Once at a store, can the participant gather items they need to buy?

Light housework – Can the participant do light, routine housework? Consider the participant's ability to sweep and vacuum floors, washing and drying dishes, dusting, cleaning up spills, and cleaning sinks, toilets, and bathtubs.

Heavy housework – Can the participant do "deep, down" type cleaning, washing windows, and cleaning basement? Do not include the refusal to do tasks if refusal is unrelated to the impairment.

Telephone usage – Can the participant use the telephone to communicate essential needs? The participant must be able to use the phone to answer, dial, articulate, and comprehend. If the participant uses special adaptive telephone equipment, consider the participant based on the ability to perform this activity with that equipment.

Financial management – Can the participant determine which bills to pay? Consider the participant's ability to plan, budget, write checks or money orders, exchange currency, and handle paper bills and coins.

Transportation – Can the participant use transportation easily? Consider the participant's ability to drive, be driven by someone else with no escort assistance from the driver, or use public transportation, if available.

Meal preparation – Can the participant prepare hot and/or cold meals? Consider the participant's ability to open containers and to use kitchen appliances.

Medication Management – Can the participant follow the directions of medical professionals for routine healthcare? Consider the participant's ability to manipulate supplies/equipment in the performance of routine healthcare.

End of Instructions for NAPIS