

Open Arms of Minnesota

Client Name: _____

Demographic Information:

You will still qualify for our service if you choose not to answer; however, we'd appreciate any information you can offer.

Living Situation:

- Stable/Permanent Housing
- Non-Permanently Housed
- Unstable Housing
- Institution
- Other _____
- Unknown

Insurance:

- Private
- Medicare
- Medicaid
- Other Public
- Other (includes MCHA)
- No Insurance
- Unknown Insurance

Race:

- African American/ Black
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- White
- Unknown

Country of Birth:

- U.S.A.
- Unknown
- Other (please identify)

Ethnicity:

- Hispanic
- Not Hispanic
- Unknown

Gender:

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male
- Transgender Unknown
- Gender Unknown

Primary Language English Other
(Please Specify) _____

Anticipated Family Income: \$ _____ per year or \$ _____ per month

Number of people legally dependent on income, including client: _____

Number of children living with client 20+ hours per week: _____

Meals requested for dependents or caregivers? Please explain: _____ Is the client eligible for reimbursement for meals through CADL or elderly waivers? No Yes

HIV Specific

We need the following information from HIV+ clients as a requirement of a federal grant. The information is reported anonymously twice a year. We will ask for proof of income on an ongoing basis.

A. I'm attaching proof of income
 Recent Pay Stub Benefit Statement
 Recent Tax Return Affidavit/Letter of support

Or

B. Client cannot provide proof of income.
Reason: _____

Diagnosis:

- HIV+, no AIDS diagnosis
- CDC Defined AIDS
- HIV+ AIDS diagnosis unknown

Year of Diagnosis

___/___/___ Date of HIV diagnosis
___/___/___ Date of AIDS diagnosis (if applicable)

Exposure:

- Male to Male Sex Injecting Drug Use
- Male/ Female Sex Hemophilia
- Blood Recipient Unknown
- Perinatal Transmission Other _____

Date of client's residency in Minnesota: ___/___/___

Client Consent to Release of Information:

I understand that any information about me provided to Open Arms of Minnesota is confidential and will not be disclosed without my consent in this release.

I authorize my health care provider or social worker listed below to verify my health information for Open Arms of Minnesota and share information about me that is relevant to this service.

I also agree that staff of Open Arms of Minnesota may contact individuals I supply as additional contacts if needed to provide meal service, or in emergency situations.

I understand that my information will be reported anonymously to funding sources. This release will remain in effect for a year from the date below unless revoked in writing, or I am no longer a client of Open Arms of Minnesota.

Client Signature

Date

Client Name (please print)

Name of medical professional, social worker or other contact:

Name: _____

Organization: _____

Phone: _____

Name: _____

Organization: _____

Phone: _____

Name: _____

Organization: _____

Phone: _____

Client Nutrition Survey

Name: _____

Phone Number: _____

| For each of the following statements, please check the box that comes closest to the way you have felt in the past month. | All of the Time 1 | Most of the time 2 | Some of the time 3 | Little of the time 4 | None of the time 5 | Does not apply |
|---|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|----------------|
| I eat three meals a day. | 1 | 2 | 3 | 4 | 5 | |
| I eat nutritious and balanced meals. | 1 | 2 | 3 | 4 | 5 | |
| I am able to keep a healthy weight, or I am progressing toward a healthy weight | 1 | 2 | 3 | 4 | 5 | |
| I am able to manage the side effects of my medications and/or treatment | 1 | 2 | 3 | 4 | 5 | |
| I am able to keep my medical appointments | 1 | 2 | 3 | 4 | 5 | |
| I have the financial resources to eat nutritious and balanced meals. | 1 | 2 | 3 | 4 | 5 | |
| I am able to accomplish daily activities. | 1 | 2 | 3 | 4 | 5 | |
| Grocery shopping and meal preparation are easy for me/ not stressful | 1 | 2 | 3 | 4 | 5 | |
| I don't feel isolated. I have enough contact with and support from others. | 1 | 2 | 3 | 4 | 5 | |
| I am satisfied with my energy level. | 1 | 2 | 3 | 4 | 5 | |

Comments:
