



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

**Department for the Aging (DFTA)**

Nutrition Screening Questionnaire (NSI) (Continued)

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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:

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Birthday:

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