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**Please fill out the application and mail only** to

Area Agency on Aging,3  
Attn: Senior Dining Program  
200 E. High St. 2<sup>nd</sup> Floor  
Lima, Ohio 45801

- Each January there is a reapplication process for the Senior Dining Program. **Everyone must reapply!!!** Applications must be in by the last day in January to be considered for the new SDP year which starts March 2012.
- Since this is a very popular program, applications exceed the amount of funding. Therefore, we will prioritize applications based on several factors including nutrition risk, age, low income, living alone, disability, and minority status.
- You are **NOT** guaranteed a spot for 2012 even if you were on the program in 2011.
- Restaurant Certificates will be mailed to those chosen for the program on the last day of February for March and postcards are mailed to those that will be placed on the waiting list.
- If/when slots become available; we will pull from the waiting list and send out certificates with instructions.
- **New in 2012** – if you fail to use your certificates for 1 month – you may lose your spot in the program and it would be given to someone from the waiting list.
- You can also lose your certificates if you let someone else use them or try to misuse them in anyway.
- Lost certificates will not be replaced.












Keep in mind, our agency offers other services for seniors. Please contact our agency at 419-222-7723 or 1-800-653-7723 for additional information or visit our website at [www.aaa3.org](http://www.aaa3.org) and Like us in our facebook page [www.facebook.com/aaa3.olderamericans](http://www.facebook.com/aaa3.olderamericans) .

**Thank you for applying for the 2012 Senior Dining Program.**





Instructions: For each question, answer "yes" or "no". Then circle the number that appears in the appropriate column. Add the circled numbers to determine your total score.

Nutrition Checklist		Yes	No
	1. Have you made any changes in lifelong eating habits because of health problems?	2	0
	2. Do you eat fewer than two (2) meals a day?	3	0
	3. Do you eat fewer than five (5) servings (1/2 cup each) of fruits and vegetables every day?	1	0
	4. Do you eat fewer than two (2) servings of dairy products (such as milk, yogurt, or cheese) every day?	1	0
	5. Do you sometimes not have enough money to buy food?	4	0
	6. Do you have trouble eating well due to problems with chewing/swallowing?	2	0
	7. Do you eat alone most of the time?	1	0
	8. Without wanting to, have you lost or gained ten (10) pounds in the past six (6) months?	2	0
	9. Are you not always physically able to shop, cook, and/or feed yourself (or to get someone to do it for you)?	2	0
	10. Do you have three (3) or more drinks of beer, liquor, or wine almost every day?	2	0
	11. Do you take three (3) or more prescription or over-the-counter drugs per day?	1	0

### Answer questions below....

If you scored 6 or more, would you like the AAA 3 dietitian to meet with you regarding your nutrition health?

Yes or No

Are you on a special diet for Diabetes, Congestive Heart Failure, Heart Disease or Stroke?

Yes or No

Would you like an individual instruction from the AAA 3 Dietitian?

Yes or No

Family Doctor:

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- 0-2 Low Nutrition Risk - recheck in 6 months
- 3-5 Moderate Nutrition Risk - try to improve your nutrition health & recheck in 3 months
- 6 or more **High Nutrition Risk ~ talk with your doctor, a dietitian, social worker, or other health care professional about any problems you may be having**

**TOTAL** \_\_\_\_\_

*I have completed the entire application and all the information submitted is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_