



LIFESTREAM CURBSIDE

Madison County

What is it?

Older adults over the age of 60 are invited to visit LifeStream Curbside to receive a box of frozen meals.

When is it?

Mondays from 11:00am to 11:30am, beginning February 7, at "The Hub" located at 800 N. Central Ave. Alexandria, IN 46001.

Directions

Enter off Tyler Street across from the ball diamonds. Pull forward to awning at door 3.

How it works

Reserve your meals by 5:00pm the Wednesday before the distribution by calling Penny Stevens, Essential Senior Connections, at 765-298-6444. Leave a message if there is not an answer.

Participants in this program must be present to receive their meals.

In partnership with:



765-298-6444

800 N. Central Ave. Alexandria, IN 46001

www.EssentialSeniorHealthandLiving.org

More Information:

Phone: 800-589-1121

Website: lifestreaminc.org



**Congregate Meal Program
CLIENT REGISTRATION**

****MUST INCLUDE FULL MAILING ADDRESS, SITE AND DATE OF BIRTH WITH YEAR****

FULL NAME: _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____
DATE OF BIRTH: _____ AGE: _____ PHONE NUMBER: _____
VETERAN _____
YES NO SITE: Alexandria
PLEASE CIRCLE ONE
SEX: MALE ☐ FEMALE ☐ ARE YOU CURRENTLY RECEIVING LIFESTREAM SERVICES? YES NO
RACE: BLACK WHITE HISPANIC ASIAN INDIAN OTHER: _____
MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED

Nutritional Risk Factor

PLEASE READ THE STATEMENTS BELOW. IF ANY STATEMENT APPLIES TO YOU THEN PUT A CHECK IN THE BOX NEXT TO IT.

I have an illness that made me change the kind/amount of food I eat.		2
I eat fewer than 2 meals per day.		3
I eat few fruits or vegetables, or milk products.		2
I have 3 or more drinks of beer, liquor or wine (almost every day).		2
I have teeth 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 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 6 month		2
I am not always physically able to shop, cook, and/or feed myself.		2

TOTAL NUTRITIONAL SCORE

**** If you are at high risk, 6 and above, would you like a wellness consultation? YES NO**

You are at moderate nutritional risk	0-5
You are at high nutritional risk	6 and above

CLIENT SIGNATURE _____ DATE: _____

PLEASE ADD YOUR EMAIL ADDRESS IF YOU WANT TO RECEIVE EMAIL FROM LIFESTREAM