

**NUTRITIONAL RISK SURVEY  
CLIENT INFORMATION**

***To the person administering the survey:***

Please complete the following information and attach it to the survey form.

Thank you for your assistance.

- Client's date of birth

- Client's gender

M	F
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- Date client enrolled in the Home Delivered Meals or Congregate Meals Program

- Has client been in any nutrition program in the last three (3) months?

Y	N
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