¿Hablas Español? ❒ Si ❒ No **Aging Needs Evaluation Summary (AGNES) - One Form**
¿Necesitas un documento en Español? ❒Si ❒No **This form may not be altered. Revised 2/14/2022.**

Basic Client Information	**Date of Assessment:** / / (Today's date – Assessment date in A&D)	Nickname:
Legal First Name:	Legal Last Name:	Middle Initial:

Date of Birth:	Age:	Gender (check one): ❒Female ❒Male ❒Other *(Optional)* Gender Identity for 'Other': ❒Non-Binary ❒Non-Disclose ❒Transgender-Female ❒Transgender-Male ❒Other

Residential Address:	❒ *Check if same as Residential Address* Mailing Address:
Residential City, State and Zip Code:	Mailing City, State and Zip Code:
Primary Phone Number: ( ) Phone Type: ❒ *Cell* ❒ *Home*	Secondary Phone Number: ( ) Phone Type: ❒ *Cell* ❒ *Home*
Email Address:	Are you willing to volunteer? ❒ Yes ❒ No

What is your preferred language? ❒English ❒Spanish ❒Other List:_____ _	Race (check one) ❒ White, non-Hispanic ❒ White-Hispanic ❒American Indian/Native Alaskan ❒ Asian or Asian American ❒ Black/African American ❒ Native Hawaiian/Pacific Islander ❒ Other	Ethnicity (check one) ❒ Hispanic or Latino ❒ Not Hispanic or Latino

Marital Status? (check one) ❒ Single ❒ Married ❒ Widowed ❒ Other	Do you live alone? ❒ Yes ❒ No	Are you working? ❒ Full Time ❒ Part time ❒ No

Are you disabled? ❒Yes ❒No	Are you a veteran? ❒ Yes ❒ No	Are you the spouse or dependent of a veteran? ❒ Yes ❒ No

Is your monthly income at or below this amount? ❒ Yes ❒ No
Family size 1-$1,215 Family size 2- $1,643 Family size 3- $2,072 Family size 4- $2,500

Emergency contact name:	Relationship:	Phone Number: ( ) Phone Type: ❒ *Cell* ❒ *Home*

Use of Information: The information you provide on the AGNES form will be disclosed to the Wyoming Department of Health (WDH), Aging Division, Community Living Section. The WDH will only use or disclose the information as permitted by the Health Insurance Portability and Accountability Act (HIPAA). For more detailed information on how the WDH may use or disclose your health information, please see the WDH Notice of Privacy Practices found online at https://health.wyo.gov/admin/privacy/ or you may request a copy from the WDH Aging Division by calling 1 (800) 442-2766. If you feel you have been treated inappropriately, received services that have not been of the quality expected, or you have not been provided services as stated in the service plan, you may contact the Wyoming State Long Term Care Ombudsman at 1 (800) 856-4398 or the WDH Aging Division, Community Living Section at 1 (800) 442-2766.

Signature _____ **Date**_____

Office use only: What programs will the participant be enrolled in?
__Title III-B __Title III-C1 __Title IIII-C2 __Title III-D __Title IIII-E __WyHS

*This page is for WDH, Aging Division Title III-B, C1, C2, D, E and WYHS eligible participants.

Aging Needs Evaluation Summary (AGNES) - One Form

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Nutrition Risk Assessment	**YES** (please circle)	**NO** (please circle)
I have an illness or condition that made me change the kind and/or amount of food I eat.	**2**	**0**
I eat fewer than 2 meals per day.	**3**	**0**
I eat few fruits or vegetables or milk products.	**2**	**0**
I have 3 or more drinks of beer, liquor or wine almost every day.	**2**	**0**
I have tooth or mouth problems that make it hard for me to eat.	**2**	**0**
I don't always have enough money to buy the food I need.	**4**	**0**
I eat alone most of the time.	**1**	**0**
I take 3 or more different prescribed or over-the-counter drugs a day.	**1**	**0**
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	**2**	**0**
I am not always physically able to shop, cook, and/or feed myself.	**2**	**0**
What is the consumer's nutrition risk score?- TOTAL (0-2= No Risk) (3-5= Moderate Risk) (6 or more= High Risk)		
Are you interested in receiving nutrition counseling? ❒ Yes ❒ No		

Nutrition Risk Action	***Nutrition Risk Score***
Good! Reassess in 6-12 months.	0-2: No Risk
Offer nutrition education and counseling services. Reassess in 3-6 months. 3-5:	
Recommend that the client discusses their score with a dietitian or health professional. Offer nutrition education and counseling services.	6 or more: High Risk