



**MINIMUM CLIENT DATA REQUIREMENTS for REGISTERED SERVICES:**

**Title III-C Nutrition &**

**Title III-B Supportive Services**

(Current as of 08/28/23)

In order to comply with State policy, Funded Partners must ask all clients to voluntarily provide responses for the data fields below. At the same time, services cannot be withheld from eligible individuals who refuse to provide additional information that is being requested for the sole purpose of data collection.

<b>CLIENT DATA FIELDS</b> <i>In order of GetCare entry</i>	<b>CLIENT DATA VALUES</b> <i>Available in GetCare</i>		
Participant ID	(automatically generated in GetCare)		
Zip Code at physical address <sup>1</sup>	(enter a 5-digit number)		
Date of Birth	(enter as mm/dd/yyyy)		
Gender identity	Male		Female
	Transgender Male to Female		Transgender Female to Male
	Genderqueer/Gender Non-binary		
	Not listed: (enter other reply)		Decline to state
Sex at birth (listed on birth certificate)	Male	Female	Decline to state
Sexual orientation	Straight/Heterosexual		Bisexual
	Gay/Lesbian/Same-Gender Loving		Questioning/Unsure
	Not listed: (enter other reply)		Decline to state
Race (check all that apply)	White		
	Black or African American		
	American Indian or Alaskan Native		
	<i>Asian Subcategories:</i>		
	Asian Indian	Cambodian	Chinese
	Filipino	Japanese	Korean
	Laotian	Vietnamese	Asian Other
	<i>Pacific Islander Subcategories:</i>		
	Guamanian	Hawaiian	Samoan
	Other Pacific Islander		
	Decline to state		
Ethnicity	Hispanic/Latino	Not Hispanic/Latino	Decline to state
Living Arrangement	Lives with others	Lives alone	Decline to state
Rural Designation	(automatically generated in GetCare based on the Zip Code)		
Poverty Status	Above 100% of Federal Poverty Level		
	At or below Federal Poverty Level		
	Decline to state		

<sup>1</sup> This information is used to determine whether the client lives in a “rural” area as determined by RUCA codes.

<b>CLIENT DATA FIELDS</b> <i>In order of GetCare entry</i>	<b>CLIENT DATA VALUES</b> <i>Available in GetCare</i>			
Veteran Status	Have you ever served in the United States military?	Yes	No	Decline to state
Veteran Number (optional)	(enter a number)			
Spouse of Veteran	Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military?	Yes	No	Decline to state
Veteran Number (optional)	(enter a number)			
Date of Consent (if applicable)	(enter as mm/dd/yyyy)			

<b>CLIENT DATA FIELDS</b> <i>In order of GetCare entry</i>	<b>CLIENT DATA VALUES</b> <i>Available in GetCare</i>					
<b>Activities of Daily Living (ADLs)</b> {Only required for <u>C-2</u> clients}	1 = Independent	2 = Verbal Assistance	3 = Some Human Help	4 = Lots of Human Help	5 = Dependent	6 = Decline to state
Eating	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Bathing	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Dressing	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Toileting	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Transferring	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Walking	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
<b>Instrumental Activities of Daily Living (IADLs)</b> {Only required for <u>C-2</u> clients}	1 = Independent	2 = Verbal Assistance	3 = Some Human Help	4 = Lots of Human Help	5 = Dependent	6 = Decline to state
Meal Preparation	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Shopping	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Medication Management	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Money Management	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Using Telephone	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Heavy Housework	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Light Housework	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					
Transportation	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)					

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Nutritional Risk Assessment (Required for Title III-C Only)	Score		
1) I have an illness or condition that made me change the kind and/or amount of food I eat.	Yes (2)	No	Decline to state
2) I eat fewer than 2 meals per day.	Yes (3)	No	Decline to state
3) I eat few fruits or vegetables or milk products.	Yes (2)	No	Decline to state
4) I have 3 or more drinks of beer, liquor or wine almost every day.	Yes (2)	No	Decline to state
5) I have tooth or mouth problems that make it hard for me to eat.	Yes (2)	No	Decline to state
6) I don't always have enough money to buy the food I need.	Yes (4)	No	Decline to state
7) I eat alone most of the time.	Yes (1)	No	Decline to state
8) I take 3 or more different prescribed or over-the counter drugs a day.	Yes (1)	No	Decline to state
9) Without wanting to, I have lost or gained 10 pounds in the last 6 months.	Yes (2)	No	Decline to state
10) I am not always physically able to shop, cook and/or feed myself.	Yes (2)	No	Decline to state
Total Score			

Eligibility information is contained in the latest RFP Program Specifications for each Title III-B and III-C service.