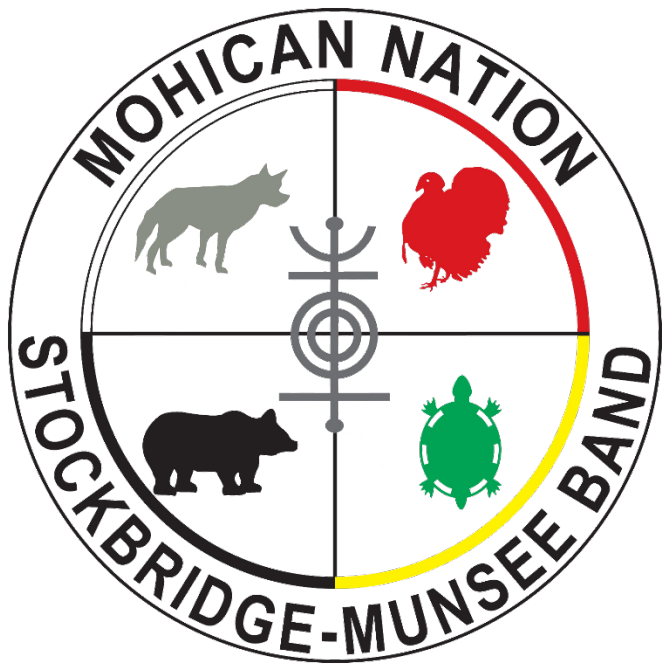


March

Elderly Stream



Stockbridge Munsee Day

March 18th, 2024



March Birthdays

Nancy Boivin

Yvette Malone

Maureen Christensen

Jeffery Pecore

Wayne Burr

Liza Duffek

Joel Miller

Tammy Pecore

Craig Kroening

Carl Miller

Jodie Davids

Kristy Malone

Steven Burr

Earl Doxtator

Gloria Jean Bruette

Jimmy Moon

Marsha Toohey

Donna Burr

Ervin Murphy

Audrey Kessen

Thomas Sanders

Darwin Martin





Koolamalsi (hello)

March is here and nice to see that warmer weather will be coming soon. March is a busy time to get things ready for the change of season. Day Light Saving time will be on the 10th, so don't forget to Spring forward your clocks. The Spring Equinox is on the 19th of March.

So of the activities will have spring theme as for those who celebrate Easter that day will be the last day in March, 31st. The Community Quilting Project is going strong, and we have some completed squares and still have some beginning. It's nice to see people coming in and enjoying the day of talking and laughing. Our Snowball for February event turned out beautiful with purple and Silver as the theme color. We had an D.J. to play some music. We had event goers came out to dance and dress up for the event. Thank you for those who came out and enjoyed the afternoon with us. We even had some volunteers that came out to help set up, cooked and clean after the event. Thank you for those who came to help, it was greatly appreciated.

Thank you for your time and warm wishes and brighter days will soon be here.

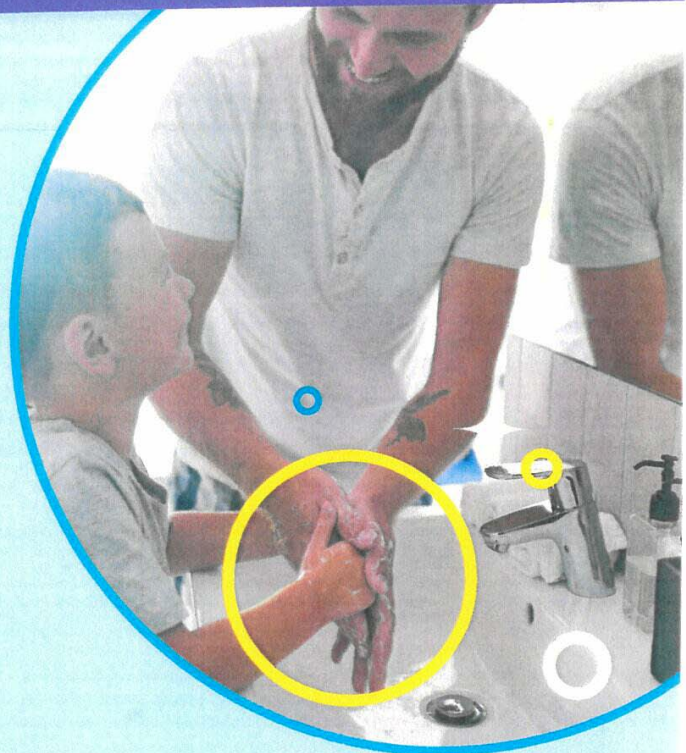
Respectfully,

Stephanie Bowman, Aging and Disability Area Manager

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



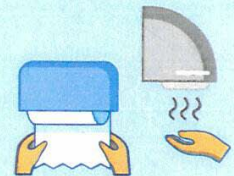
Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS







www.cdc.gov/handwashing



This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

CS310027-A

MARCH

Monday	Tuesday	Wednesday	Thursday	Friday
				1 Corned Beef Poached Eggs English Muffin Fresh Fruit Juice
4 Cheeseburger Baked Beans Sweet Potatoes Pudding Cup	5 Chicken Alfredo Pizza Salad with Egg Jell-O	6 Creamy Cauliflower Soup Hot Dog Tomato Wedge Apple Sauce	7 Meatloaf Mashed Potatoes Wax Green Beans Wheat Bread Cup Cake with Berries	8 Denver Omelette Oatmeal Fresh Fruit Juice
11 Chili Dog Tater Tots Cottage Cheese Cookies	12  Cooks Choice	13 Ham & Bean Soup Biscuit Jell-O Cake	14 Corned Beef Potatoes & Carrots Green Salad Corn Bread Ice Cream 	15 Ham Slice Eggs Hash Browns Juice Fruit Cup
18  CLOSED	19 Baked Fish Mashed Cauliflower Broccoli with Cheese Rye Bread Peaches	20 Chili Fry Bread Cucumber Salad Sherbert	21 Ring Bologna Potatoes Roasted Baby Red Carrots Wheat Bread Brownie	22 French Toast Boiled Eggs Cereal Bar Orange
25 Turkey Sandwich Cranberries Mixed Veggies Yogurt with Fruit	26 Wildrice Hamburger Mushroom Bake Baked Beans Wheat Bread Pears	27 Creamy Potato Soup BLT on Wheat Spring Salad	28 Ham Gravy Mashed Potato Peas & Carrots Wheat Roll Cake & Ice Cream 	29 Scrambled Eggs Bacon Potatoes with Onion Muffin

BINGO *cize*®

Bingo + Exercise = Bingocize

A fun 10-week health promotion program that combines the game of bingo with inclusive exercises for everyone!

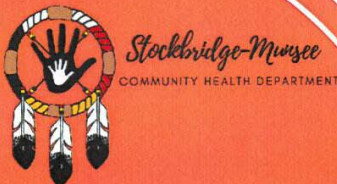


Exercise Only Workshop!

Space is limited!

**Join us at the Mohican Family Center
every Tuesday & Friday beginning
April 2nd - June 7th at 10:30am**


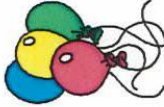
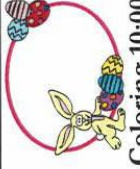
**Prizes
& Lots of
smiles**



**Contact Cami with
questions or to sign up
at 715.793.5064**





Monday	Tuesday	Wednesday	Thursday	Friday
				1 Shawano Run 10:00 AM Open Quilting 1:00 PM
4 Local Run 2:00 PM Movie Night TBA 4-5ish	5 Steering Committee Meeting 10:00 AM Bingo 1:30 PM Casino Run approx. 4:00 PM Tribal Council 5:00 PM	6 Green Bay Run 10:00 AM SNAP Education 11:30 AM Open Quilting 1:00 PM	7 Amish Stores (Bonduel) with Lunch 10:00 AM	8 Shawano Run 10:00 AM Open Quilting 1:00 PM
11 Local Run 2:00 PM Book Club 5:30 PM NEW BOOK!	12 Bingo 1:30 PM	13 Open Quilting 1:00 PM Local Run 2:00 PM	14 Thrifting (Wausau) with Lunch 10:00 AM	15 Shawano Run 10:00 AM Open Quilting 1:00 PM
18  Stockbridge Munsee Day CLOSED	19 Bingo 1:30 PM Tribal Council 5:00 PM	20 Open Quilting 1:00 PM Wittenberg Run 2:00 PM	21 Easter Crafting 1:30 PM	22 Shawano Run 10:00 AM Open Quilting 1:00 PM
25 Nutritional Education 11:30 AM Local Run 2:00 PM Book Club 5:30 PM	26 Bingo 1:30 PM	27 Open Quilting 1:00 PM Local Run 2:00 PM	28  Birthday Lunch 12:00 PM	29  Egg Coloring 10:00 AM CLOSED at 12:00PM

The Stockbridge-Munsee Memory Program group went on their first 2024 Memory Café trip this past Monday February 12th to the Kaukauna Library. The group was invited to join a Memory Café that was hosted by Susan McFadden Professor Emerita of Psychology, author of 7 books and co-founder of the Fox Valley Memory Project. The Kaukauna Library used to actually be the old Thilmany paper mill that was created in 1889 and one of our elders who joined us on our trip used to work at the mill years ago as one of the machine operators. It was just 7 years ago that the city of Kaukauna decided to turn the shutdown structure into their public library and was able to restore and keep a lot of the mill's originality. If you or someone you know is living with memory loss or any type of Dementia (Alzheimer's) and would like to join the program please contact [Briana Terrio at 715-793-3035](tel:715-793-3035).



Group picture with Susan McFadden and her husband John

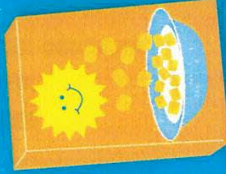
The Nutrition Facts Label

Look for It and Use It!

Information you need to make healthy choices throughout your day



Found on food and beverage packages



Use it to compare and choose foods!



Use it to compare and choose foods!



Check the serving size and servings per container. The nutrition information listed on the Nutrition Facts label is usually based on one serving of the food.

Packages can — and often do — contain more than one serving! If you eat multiple servings, you're getting "multiples" on calories and nutrients, too.

2SERVINGS=CALORIES&NUTRIENTXS2

Size up Servings

Consider the Calories

Calories from food provide the energy your body needs to function and grow. Balance the number of calories you eat and drink with the number of calories you burn during physical activity. Curious about calorie needs? Check out www.choosemyplate.gov/MyPlatePlan.



TIP: 100 calories per serving of an individual food is considered a **moderate** amount and **400 calories** or more per serving of an individual food is considered **high** in calories.

Nutrition Facts	
4 servings per container	
Serving size 1 1/2 cup (208g)	
Amount per serving	Calories
240	
% Daily Value*	
Total Fat 4g	8%
Saturated Fat 1.5g	5%
Trans Fat 0g	
Cholesterol 5mg	2%
Sodium 430mg	19%
Total Carbohydrate 46g	17%
Dietary Fiber 7g	25%
Total Sugars 4g	
Includes 2g Added Sugars	4%
Protein 11g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 6mg	35%
Potassium 240mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Use %DV

Choose Nutrients Wisely

Nutrients To Get More Of

Compare and choose foods to get 100% DV of these on most days:

- Dietary Fiber
- Iron
- Vitamin D
- Calcium
- Potassium

Nutrients To Get Less Of

Compare and choose foods to get less than 100% DV of these each day:

- Saturated Fat
- Sodium
- Added Sugars
- Trans Fat (Note: Trans fat has no %DV, so use grams as a guide)

Eat a variety of foods to get the nutrients your body needs, including:

- Fruits and vegetables
- Lean meats and poultry
- Whole grains
- Dairy products
- Eggs
- Seafood
- Beans and peas
- Soy products
- Unsalted nuts and seeds

% Daily Value (%DV) is the percentage of the Daily Value (reference amounts of nutrients to consume or not to exceed each day for adults and children 4 years of age and older) and shows how much a nutrient in a serving of the food contributes to a total daily diet. Use %DV to see how a food's nutrients stack up and choose foods that are higher in nutrients to get more of and lower in nutrients to get less of.

TIP: 5% DV or less per serving is **low** and **20% DV** or more per serving is **high**

Nutrition Facts
Read the Label

Revised: October 2018



FDA

www.fda.gov/nutritioneducation

Make Smart Choices!

Nutrition Label Word Search

All the words hidden below can be found on the **Nutrition Facts** label.

Find them here first ... then use them when comparing and choosing snacks!

- added sugars
- calcium
- calories
- cholesterol
- dietary fiber
- iron
- nutrition facts
- percent daily value
- potassium
- protein
- saturated fat
- serving size
- servings per container
- sodium
- total carbohydrate
- total fat
- total sugars
- trans fat
- vitamin D



No Searching Required!

It's easy to use the **Nutrition Facts** label. Here are some quick tips for smart choices!



Revised: October 2018

1

Size up Servings

Pay attention to the serving size and the number of servings you eat or drink to discover the total number of calories and nutrients you are consuming.

2

Consider the Calories

When comparing foods, follow this guide: 100 calories per serving of an individual food is considered a moderate amount and 400 calories or more per serving of an individual food is considered high in calories.

3

Choose Nutrients Wisely

Use % Daily Value (%DV) to see if a serving of the food is high or low in an individual nutrient. When comparing foods, follow this guide: 5% DV or less of a nutrient per serving is considered low and 20% DV or more of a nutrient per serving is considered high.

www.fda.gov/nutritioneducation



TO EAT

50 Healthier

Add dried fruit like blueberries, cherries, and cranberries to oatmeal.

Choose oatmeal raisin cookies instead of chocolate chip.

Skip the cheese and special sauces on fast food burgers.

PLANT A vegetable GARDEN and eat WHAT you grow.

Choose a small soft serve cone at the ice cream shop.

Serve baked beans with burgers and hot dogs instead of French fries.

Dip veggies into hummus instead of salad dressing.

Add lots of veggies – onion, peppers, celery, tomatoes, and carrots to tuna or egg salad.

Choose mustard instead of mayonnaise for sandwiches.

Choose sandwich “thins” or small – sized bagels instead of oversized versions.

Serve baked tortilla chips with salsa and fat free refried beans for snacking.

Season foods with spice blends instead of salt.

SPLIT dessert WITH A FRIEND.

Order pizza with lots of vegetable toppings and skip the fatty meats and extra cheese.

Drink 1% or skim milk with meals instead of soft drinks or sweet tea.

BAKE SWEET potatoes INSTEAD OF WHITE POTATOES.

Choose grilled chicken instead of fried.

Eat fruits and vegetables with the peel on whenever possible.

CHOOSE fresh fruit INSTEAD OF A GLASS OF JUICE – YOU’LL FEEL MORE SATISFIED.

Try brown rice and whole grain pastas in favorite recipes.

Select breads with whole grain or whole wheat as the first ingredient on the label.

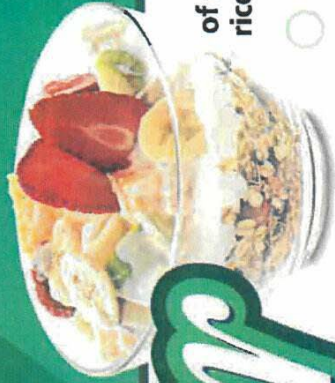
Drink water BEFORE MEALS, WITH SNACKS and throughout THE DAY.



TO EAT

50 WAYS

Healthier



Add a half cup of diced vegetables to rice and noodle mixes.

Stock containers of

Use oatmeal instead of white bread crumbs in meatloaf and meatballs.

Eat a rainbow – choose fruits and vegetables of all different colors.

If you must have a coffee drink – choose the smallest size and ask for skim milk.

Make fruit smoothies for breakfast or an after-school snack.

Chew your food slowly and savor every bite.

Shop the farmer's market for locally grown, fresh produce in season.

Pick the SMALLEST BOX OF POPCORN at the theatre – AND SKIP THE EXTRA BUTTER.

Take time for a soothing cup of green tea or aromatic herbal tea.

A BOWL OF SOUP before a hearty meal will HELP YOU EAT LESS.

Add a tablespoon of wheat germ to your low-fat yogurt.

Make chili with twice the beans and half the meat.

Free refills are no nutritional bargain – choose a small size soft drink as your limit.

Try a meatless meal once a week.

Add variety - choose one new fresh fruit or vegetable each week at the grocery store.

TRIM ALL VISIBLE FAT FROM MEAT before COOKING.

Replace iceberg lettuce with fresh spinach, romaine or dark leaf lettuces in salads and sandwiches.

Use unsweetened applesauce or canned pumpkin in place of half the butter or oil when baking.

Use evaporated skim milk to make mashed potatoes, puddings and cream soups.



Make chili with twice the beans and half the meat.

juice packed fruit and low-fat granola bars in your desk drawer.

Free refills are no nutritional bargain – choose a small size soft drink as your limit.

Try a meatless meal once a week.

Add variety - choose one new fresh fruit or vegetable each week at the grocery store.

TRIM ALL VISIBLE FAT FROM MEAT before COOKING.

Eat breakfast: you need some fruit, whole grain and lean protein to start each day.

Replace iceberg lettuce with fresh spinach, romaine or dark leaf lettuces in salads and sandwiches.

Use unsweetened applesauce or canned pumpkin in place of half the butter or oil when baking.

Use evaporated skim milk to make mashed potatoes, puddings and cream soups.

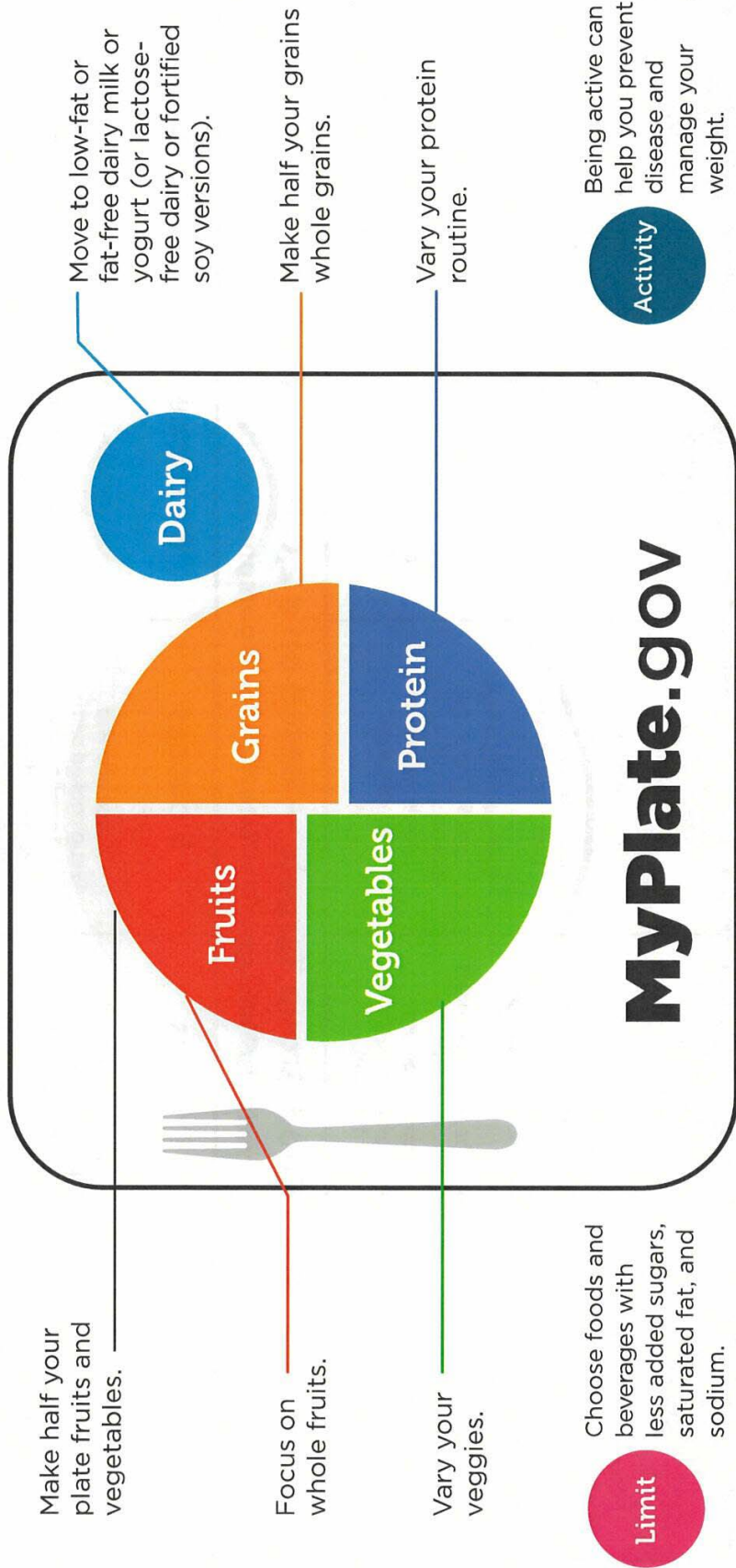


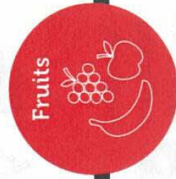
ADD PEPPERS, fresh tomato AND mushrooms TO JARRED SPAGHETTI SAUCE.



Start *simple* with MyPlate

Healthy eating is important at every life stage,
with benefits that add up over time, bite by bite. Small changes matter.





Fruits

Focus on whole fruits like fresh, frozen, canned, or dried.

Buy fruits to have them available to add to your meal or eat as a snack. If you buy juice, select 100% fruit juice.



Vegetables

Eat a variety of vegetables and add them to mixed dishes like casseroles, sandwiches, and wraps.

Fresh, frozen, and canned count, too. Look for "reduced sodium" or "no-salt-added" on the label.



Grains

Choose whole-grain versions of common foods such as bread, pasta, and tortillas.

Not sure if it's whole grain? Check the ingredients list for the words "whole" or "whole grain."



Protein

Eat a variety of protein foods such as beans, soy, seafood, lean meats, poultry, and unsalted nuts and seeds.

Select seafood twice a week. Choose lean cuts of meat and ground beef that is at least 93% lean.



Dairy

Choose low-fat (1%) or fat-free (skim) dairy. Get the same amount of calcium and other nutrients as whole milk, but with less saturated fat and calories.

Lactose intolerant? Try lactose-free milk or a fortified soy beverage.

Daily Food Group Targets — Based on a 2,000 Calorie Plan

Visit [MyPlate.gov/MyPlatePlan](https://www.MyPlate.gov/MyPlatePlan) for a personalized plan.

2 cups

1 cup counts as:

- 1 small apple
- 1 large banana
- 1 cup grapes
- 1 cup sliced mango
- ½ cup raisins
- 1 cup 100% fruit juice

2½ cups

1 cup counts as:

- 2 cups raw spinach
- 1 cup cooked collard, kale, or turnip greens
- 1 small avocado
- 1 large sweet potato
- 1 cup cooked beans, peas, or lentils
- 1 cup cut cauliflower

6 ounces

1 ounce counts as:

- 1 slice of bread
- ½ cup cooked oatmeal
- 1 small tortilla
- ½ cup cooked brown rice
- ½ cup cooked couscous
- ½ cup cooked grits

5½ ounces

1 ounce counts as:

- 1 ounce cooked lean chicken, pork, or beef
- 1 ounce tuna fish
- ¼ cup cooked beans, peas, or lentils
- 1 Tbsp peanut butter
- 2 Tbsp hummus
- 1 egg

3 cups

1 cup counts as:

- 1 cup dairy milk or yogurt
- 1 cup lactose-free dairy milk or yogurt
- 1 cup fortified soy milk or yogurt
- 1½ ounces hard cheese
- 1 cup kefir

Choose foods and beverages with less added sugars, saturated fat, and sodium.

Limit



Limit:

- Added sugars to <50 grams a day.
- Saturated fat to <22 grams a day.
- Sodium to <2,300 milligrams a day.



Activity

Don't forget physical activity!

Being active can help you prevent disease and manage your weight.

Kids ≥ 60 min/day Adults ≥ 150 min/week



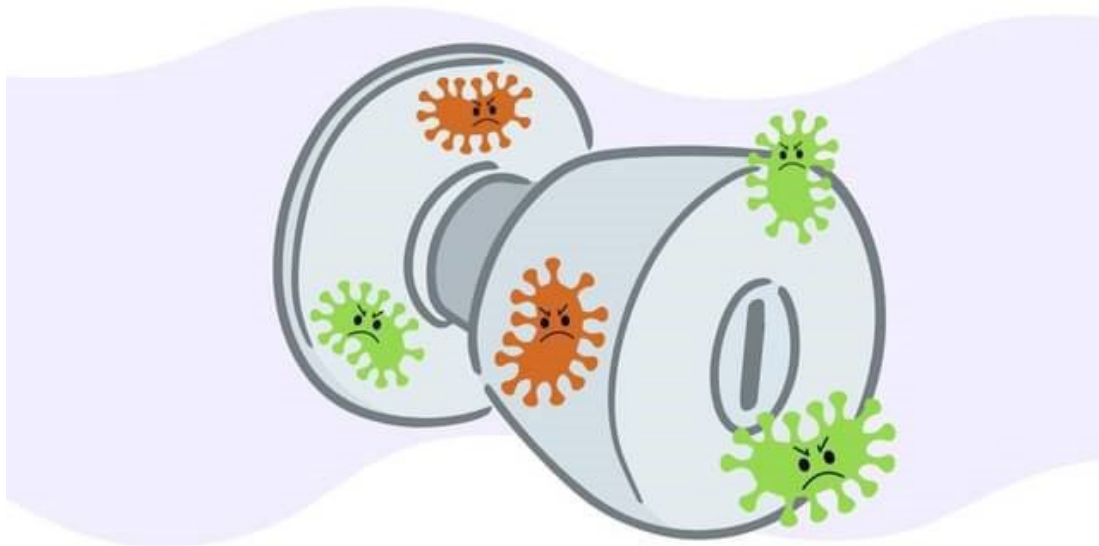
JOIN US FOR A
**NATIONAL
NUTRITION MONTH
LUNCHEON**

**Wednesday, March 20th
12:00-1:00pm
SMHWC Conference Room**

March is National Nutrition Month! Please join our dietitian, Casey Rosenberg, RD for a talk about informed food choices and developing sound eating habits.

Lunch Included

Please RSVP to Casey Rosenberg at casey.rosenberg@mohican.com or 715.793.5006 by 3/15/24.



DON'T LET GERMS HANG OUT

Clean frequently touched objects to
remove germs that can make you sick.



WASH YOUR HANDS

Use soap and water for
at least **20 seconds**



This is the new updated Congregate Meal form to be completed by all participants that dine with us. Please take a few minutes to complete & bring with you when you join us for lunch or breakfast. Thank you.

<u>CONGREGATE MEAL AND NUTRITION COUNSELING REGISTRATION</u>												
Name (First, MI, Last):	Date of Registration:											
Residential Address (Fire No. & Street):	Date of Birth (month/day/year): / /											
City/State/Zip:	Phone Number (with area code):											
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Self-Describe (specify): _____ -----	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ -----	Household: <input type="checkbox"/> I live alone. <input type="checkbox"/> I live with others. ----- Income Status: Is your income at or below the following guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width:100%; border:none;"> <tr> <td># in Home</td> <td>Month / Year</td> </tr> <tr> <td>1</td> <td>\$1,255 \$15,060</td> </tr> <tr> <td>2</td> <td>\$1,704 \$20,440</td> </tr> <tr> <td>3</td> <td>\$2,152 \$25,820</td> </tr> <tr> <td>4</td> <td>\$2,600 \$31,200</td> </tr> </table>	# in Home	Month / Year	1	\$1,255 \$15,060	2	\$1,704 \$20,440	3	\$2,152 \$25,820	4	\$2,600 \$31,200
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1	\$1,255 \$15,060											
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3	\$2,152 \$25,820											
4	\$2,600 \$31,200											
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other: _____	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino											

Nutrition Risk	No	Yes
I have an illness or condition that made me change the kind and/or amount of food I eat.	0	2
I eat fewer than 2 meals per day.	0	3
I eat few fruits or vegetables or milk products.	0	2
I have 3 or more drinks of beer, liquor or wine almost every day.	0	2
I have tooth or mouth problems that make it hard for me to eat.	0	2
I don't always have enough money to buy the food I need.	0	4
I eat alone most of the time.	0	1
I take 3 or more different prescribed or over-the-counter drugs a day.	0	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	0	2
I am not always physically able to shop, cook, and or feed myself.	0	2

Risk Level: ___ 0-2 Low ___ 3-5 Moderate ___ 6 + High **TOTAL** _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Email: _____

Allergies or Special Dietary Needs: _____

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."

For each of the following statements, please tell me which one is “often true,” “sometimes true” or “never true” for the past 12 months.	Often True	Sometimes True	Never True
1. We (I) worried whether our food would run out before we (I) got money to buy more.	<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes
2. The food that we (I) bought just didn't last and we (I) didn't have money to get more.	<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes

1. Have you recently lost weight without trying?

No (0)
 Unsure (2)
 Yes

If yes, how much weight have you lost?

2-13 pounds (1)
 14-23 pounds (2)
 24-33 pounds (3)
 34 pounds or more (4)
 Unsure (2)

2. Have you been eating poorly because of a decreased appetite?

No (0)
 Yes (1)

Weight loss score: ____ Appetite Score: ____ MST Score (Total): ____

FEELING SICK?

Here's what to do if you have a respiratory illness.

Stay home

- Take time to take care of yourself.
- By staying home, you'll also help keep others from getting sick.

Get Tested

- There are tests for COVID-19, flu, and RSV.
- Contact your doctor, pharmacy, or local health department and ask about getting tested.

Get treatment

- There are medicines that can help reduce the severity of illness from flu or COVID-19.
- These medicines work best when started early.


**WISCONSIN DEPARTMENT
of HEALTH SERVICES**



This is the new updated Home Delivered Meal form to be completed by all participants that receive meals. Please take a few minutes to complete & give to your driver. Thank you.

<u>HOME DELIVERED MEAL REGISTRATION</u>																	
Name (First, MI, Last):	Date of Registration:																
Residential Address (Fire No. & Street):	Date of Birth (month/day/year): / /																
City/State/Zip:	Phone Number (with area code):																
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Self-Describe (specify): _____ ----- Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other: _____	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ ----- Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Household: <input type="checkbox"/> I live alone. <input type="checkbox"/> I live with others. ----- Income Status: Is your income at or below the following guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"># in Home</th> <th style="text-align: left;">Month</th> <th style="text-align: left;">Year</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,255</td> <td>\$15,060</td> </tr> <tr> <td>2</td> <td>\$1,704</td> <td>\$20,440</td> </tr> <tr> <td>3</td> <td>\$2,152</td> <td>\$25,820</td> </tr> <tr> <td>4</td> <td>\$2,600</td> <td>\$31,200</td> </tr> </tbody> </table>	# in Home	Month	Year	1	\$1,255	\$15,060	2	\$1,704	\$20,440	3	\$2,152	\$25,820	4	\$2,600	\$31,200
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1	\$1,255	\$15,060															
2	\$1,704	\$20,440															
3	\$2,152	\$25,820															
4	\$2,600	\$31,200															

Activities of Daily Living (ADLs) Check Yes for each ADL that you/the client <i>need substantial assistance</i> to complete (including verbal reminding, physical cuing, or supervision). Check No for each ADL you <i>can</i> complete without substantial assistance.	No Help Needed	Yes, Needs Help
Bathing: Gets in and out of the bath or shower, uses faucets, washes, and dries oneself safely.		
Dressing: Dresses and undresses safely.		
Toileting: Uses toilet and cleans oneself.		
Transferring: Moves in and out of bed or chair.		
Feeding: Gets food or drink from plate, bowl, or cup into mouth and uses utensils.		
Continence: Exercises complete self-control.		

TOTAL Number of Yes ADLs _____

Instrumental Activities of Daily Living (IADLs) Check Yes for each IADL that you/the client <i>need substantial assistance</i> to complete (including verbal reminding, physical cuing, or supervision). Check No for each IADL you <i>can</i> complete without substantial assistance.	No Help Needed	Yes, Needs Help
Food Preparation: Plans, prepares, and serves adequate meals independently.		
Shopping: Takes care of all shopping needs independently.		
Medication Management: Takes medication in correct dosages at correct time.		
Ability to Manage Finances: Handles financial matters and/or day-to-day purchases.		
Housekeeping: Participates in housekeeping tasks.		
Laundry: Launders some items independently.		
Mode of Transportation: Travels unassisted via personal vehicle, public transportation, or taxi.		
Ability to Use Telephone: Dials and/or answers the telephone.		

TOTAL Number of Yes IADLs _____

PLEASE SEE OTHER SIDE

Nutrition Screening Questions	No	Yes
I have an illness or condition that made me change the kind and/or amount of food I eat.	0	2
I eat fewer than 2 meals per day.	0	3
I eat few fruits or vegetables or milk products.	0	2
I have 3 or more drinks of beer, liquor or wine almost every day.	0	2
I have tooth or mouth problems that make it hard for me to eat.	0	2
I don't always have enough money to buy the food I need.	0	4
I eat alone most of the time.	0	1
I take 3 or more different prescribed or over-the-counter drugs a day.	0	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	0	2
I am not always physically able to shop, cook, and or feed myself.	0	2

Risk Level: ___ **0-2 Low** ___ **3-5 Moderate** ___ **6 + High**

TOTAL _____

For each of the following statements, please tell me which one is "often true," "sometimes true" or "never true" for the past 12 months.	Often True	Sometimes True	Never True
1. We (I) worried whether our food would run out before we (I) got money to buy more.	<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes
2. The food that we (I) bought just didn't last and we (I) didn't have money to get more.	<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes*	<input type="checkbox"/> Yes

1. Have you recently lost weight without trying?

- No (0)
- Unsure (2)
- Yes

If yes, how much weight have you lost?

- 2-13 pounds (1)
- 14-23 pounds (2)
- 24-33 pounds (3)
- 34 pounds or more (4)
- Unsure (2)

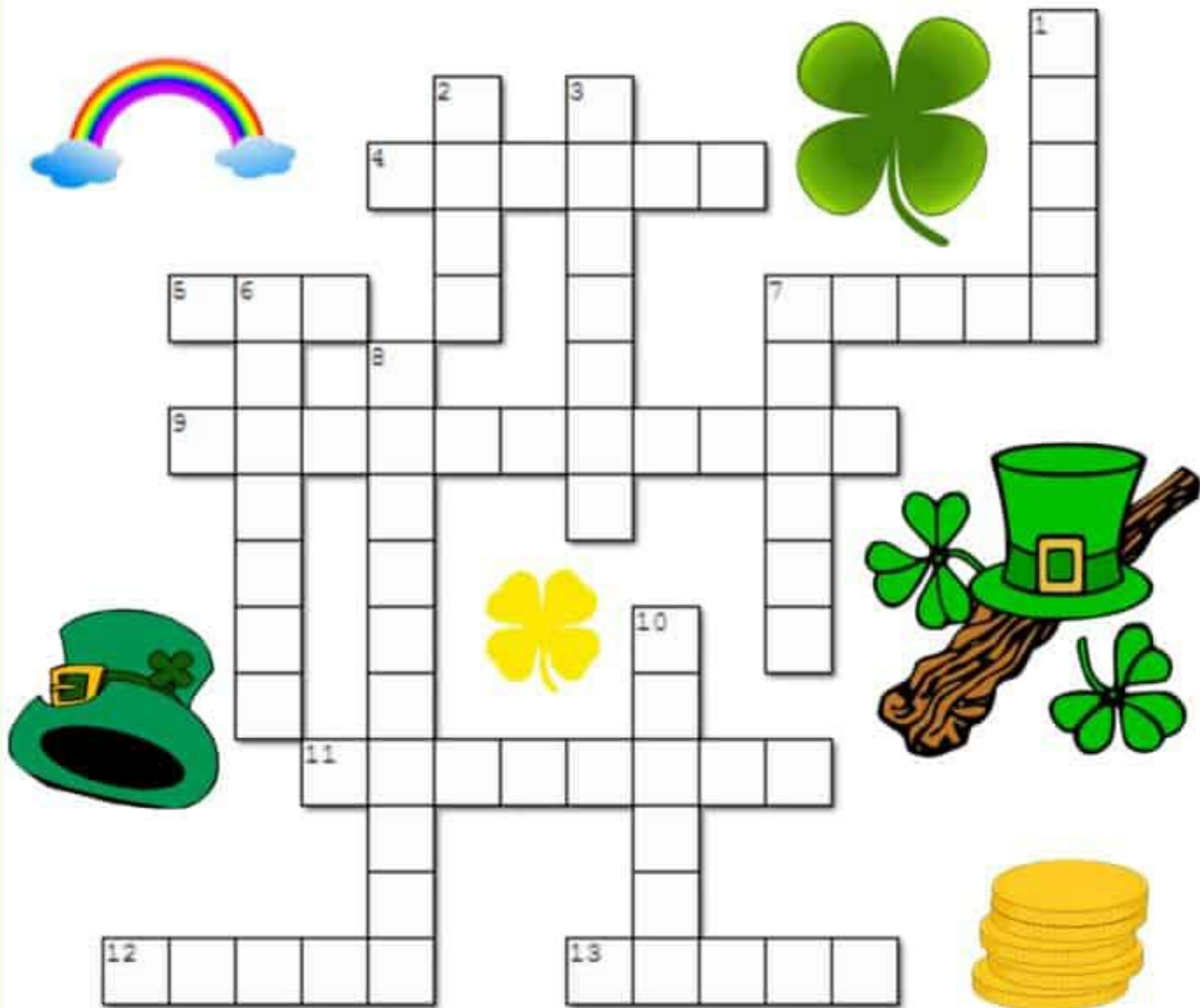
2. Have you been eating poorly because of a decreased appetite?

- No (0)
- Yes (1)

Weight loss score: ___ **Appetite Score:** ___ **MST Score (Total):** ___

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."

ST. PATRICK'S DAY CROSSWORD PUZZLE



Across

- 4. capital of Ireland
- 5. a type of Irish dance
- 7. if you do not wear green on March 17 this will happen
- 9. the day St. Patrick's Day falls on
- 11. the national emblem of Ireland
- 12. yellow and blue make _____
- 13. from Ireland

Down

- 1. the 3rd month of the year
- 2. good fortune
- 3. nonsense or misleading talk
- 6. called the Emerald Isle
- 7. a starchy vegetable
- 8. a sprite
- 10. 4 leaf _____

ANSWERS:

Across: 4 Dublin, 5 Jig, 7 Pinch, 9 Seventeenth, 11 Shamrock, 12 Green, 13 Irish

Down: 1 March, 2 Luck, 3 Blabber, 6 Ireland, 7 Potato, 8 Leprechaun, 10 Clover

The Stockbridge-Munsee Meal Site is supported through State, Federal and Tribal Funding as well as donations received. State Grants recognize an elder at age sixty years or older and Federal Grants allow tribes to specify Native elder status, which the SM Tribe recognizes at the age of fifty-five years or older.

A contribution of \$1.00 is asked for delivered meals (your spouse is eligible regardless of age.)

A contribution of \$1.00 is asked for Congregate meals.

Anyone under the age of fifty-five is required to pay \$3.00 per meal.

NO ELDER WILL BE TURNED AWAY, REGARDLESS OF ABILITY TO PAY.

**WE ASK THAT YOU CALL AT LEAST 24 HOURS IN ADVANCE TO
RESERVE YOUR MEAL.**

Stockbridge-Munsee Elderly Services is also a satellite office of The Aging & Disability Resource Center of the Wolf River Region which also includes the counties of Shawano, Menominee, and Oconto. The ADRC offers information and assistance on issues affecting older people and those with disabilities regardless of their income. For more information call Toll Free 1-855-492-2372 or visit www.adrcwrr.org.

**The Elderly Stream monthly newsletter is available online at
www.mohican.com.**

Mailing Address is: P.O. Box 70, Bowler WI 54416 (715-793-4236)