

# Springville SENIOR CENTER

65 East 200 South • Springville, UT 84663 • 801.489.8738

## Ensure & Glucerna Program Details

### Eligibility

- Any senior aged 60 or over

### Enrollment

- Visit the front desk to fill out an enrollment form. This form **must** be turned in before the prescription may be processed.

### Prescription

- A doctor's prescription is required and may be faxed, emailed or mailed to Mountainland.
  1. Fax 801-229-3671 (Attn: Jeremy)
  2. Email [jpehrson@mountainland.org](mailto:jpehrson@mountainland.org)
  3. Mail: Mountainland, Attn: Jeremy Pehrson  
586 East 800 North  
Orem, UT 84097
- Please allow 2 business days for your prescription to be processed.

### Price

- Seniors are asked to make a donation of **\$20.00 per case of Original Ensure** or **\$30.00 per case of Glucerna**

### Distribution

- Seniors are eligible to receive up to 2 cases of Ensure or Glucerna per calendar month. There are 24 eight-ounce cartons per case.
- Please pick up from 10am-3pm M-F.
- Please be sure to note the Senior Center's closures and plan accordingly (all federal holidays and several days surrounding Thanksgiving, Christmas and Art City Days as well as the month of July.)

#### Available Flavors:

- Milk Chocolate
- Strawberry
- Vanilla
- Butter Pecan



# Congregate Meals Intake

Date \_\_\_\_\_

Proper completion of this form will have an impact on the money allocated for services

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Gender:**     Male     Female

**Ethnicity:**     Not Hispanic/ Latino     Hispanic or Latino

**Race:**     White– Non Hispanic     White– Hispanic  
 Black/ African American     American Indian/ Native Alaskan  
 Asian     Native Hawaiian/ Pacific Islander

**Primary Language:**     English     Spanish     Other

**US Citizenship:**     Male     Female

**Marital Status:**     Married     Single     Divorced     Other

**Do You Live:**     Alone     With Spouse     With Family     With Non-Relative  
 Other     Not Disclosed

Nutritional Health	Yes	No
I have an illness or condition that causes me to change the amount and/or kind of food I eat.		
I eat fewer than 2 meals per day.		
I eat few fruits or vegetables a day.		
I eat or drink few milk products (milk, yogurt, cheese) a day		
I don't always have enough money to buy food		
I have tooth or mouth problems that make it hard for me to eat.		
I eat alone most of the time.		
I have involuntarily lost or gained 10 pounds in the last six months		
I am not always physically able to shop, cook and/or feed myself		
I have 3 or more drinks of beer, wine or liquor almost every day		
I take 3 or more different prescription or over-the-counter medications a day		