

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
 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.)
- Ensure is kept in stock at the Senior Center, Glucerna must be pre-ordered.

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		