

ADS / GetCare Data Specifications for Nutrition - Congregate	
April 2023	
Field	GetCare Description/Example
Client ID	GetCare ID assigned by GetCare System
Last Name	Smith
First Name	Jonathan
Middle Name	William
Street Address	511 15th Avenue S
City	Federal Way
Zip Code	98104
Date of birth	Example: 1/30/1928
<b>Race</b>	<b>*Race (Check all that apply)</b>
	Unknown
	American Indian/Alaska Native
	Asian
	Black/African American
	Latinx/Latino/Hispanic
	Native Hawaiian/Other Pacific Islander
	White
	If have Other identified check Ethnicity, if not Leave Blank
	Declined to State
<b>Ethnicity</b>	<b>*Ethnicity (Choose the corresponding ethnicity from list if known)</b>
	Leave Blank
	Hispanic or Latino
	Not Hispanic or Latino
<b>Income</b>	<b>At or below 100% Federal Poverty Level</b>
	Declined to state income
	Yes
	No
<b>Live Alone</b>	<b>Household Composition (Lives Alone)</b>
	Declined to state
	Lives Alone
	Other
	Institutionalized
	With Domestic Partner
	With Non-Relative(s)
	With Other Relative(s)
	With Parent(s)
	With Spouse
<b>Gender</b>	<b>Sex/Gender</b>
	Unknown
	Female
	Male
	Other
	Declined to Disclose
<b>Limited English</b>	<b>English Fluency</b>
	Declined to state
	Needs Translation
	Fluent
	Limited
<b>Disability Status</b>	<b>Disability Type</b>
	Declined to state
	Physical Disability
	No Disability
	Intellectual/Developmental disability (ID/DD)
	Mental illness
	Traumatic brain injury
	Dementia
	Memory Loss
	Other, specify
<b>Homeless</b>	<b>Homeless?</b>
	Unknown
	Yes
	No
<b>Nutritional Risk</b>	<b>At High Nutritional Risk/ Score of 6 or higher on Nutrition Risk Assessment</b>
	Declined to State
	Yes
	No
<b>Veteran</b>	<b>Veteran</b>
	Declined to state
	Veteran
	No
	Child
	Spouse
<b>Urban/Rural</b>	<b>Urban/Rural (Auto-populates based on Zip code)</b>
	Rural
	Urban
	Declined to state
<b>Sexual Orientation</b>	<b>Sexual Orientation</b>
	Declined to state
	Bisexual
	Lesbian/Gay
	Heterosexual
	Questioning

GetCare Service Enrollment and Unit Information for Nutrition - Congregate					
April 2023					
Scope of Work	Program (Funding)	Service Detail	Assessment Required	Definition	Service Set End Date
Congregate Meals	OAA TIIIC/ARPA/SCSA/LOC	1 NSIP Meal	Nutrition risk ( <b>Score Only or At High Nutritional Risk</b> located in Nutritional Risk Self Screening Section of Nutritional Assessment)	Regular congregate meal, 1 meal = 1 unit	12/31/9999
Emergency Meal	Covid-19 Response	1-Meal Pick-Up/Take Out	Nutrition risk ( <b>Score Only or At High Nutritional Risk</b> located in Nutritional Risk Self Screening Section of Nutritional Assessment)	Pick-Up/Take out, 1 meal =1 unit	5/1/2023
Emergency Meal	Covid-19 Response	1 Meal HDM	Nutrition risk ( <b>Score Only or At High Nutritional Risk</b> located in Nutritional Risk Self Screening Section of Nutritional Assessment)	To-go meal or meal delivery, 1 meal = 1 unit	5/1/2023
Nutrition Education	OAA TIIIB/OAA TIIIC/OAA TIIID/ARPA/SCSA/LOC	1 Session= 1 unit	None	Nutrition Education session and the number of participants. Record as non-registered (aggregate only.)	12/31/9999
Service Date		Begin Service Enrollment on the first day of the first month of service, e.g. 1/1/2023. Units may be recorded as monthly total.			