



## Senior Nutrition Program Cafe Meals Registration Form



Participant information is requested for the national program information system. **All information is kept confidential.** By signing this form, you understand that any food taken off-site becomes your responsibility, your emergency contact may be notified in an emergency, and your contact information may be shared if necessary.

**Thank you for your participation in this program!**

### PLEASE COMPLETE ALL FIELDS IN THIS BOX

Last Name

First Name

Middle Initial

Street Address

City

Zip Code

/ /19

Telephone

Date of Birth

Emergency Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dietary concerns/Food Allergies: \_\_\_\_\_

Medical problems or physical limitations: \_\_\_\_\_

Participant Signature

Today's date

### Demographic Information *(Not required, but useful information that helps with our funders)*

Number in household: \_\_\_\_\_

Monthly household income (approximate): \_\_\_\_\_

Marital status:  Married  Divorced  Widowed  Single (never married)

Gender:  Male  Female

#### Race:

- White
- Black/African American
- American Indian/Alaskan Native
- Hispanic/Latino

- Asian/Native Hawaiian/Pacific Islander
- Other: \_\_\_\_\_
- Multi-racial: Please specify: \_\_\_\_\_

#### Living Arrangements:

- Own home
- Rent subsidized home (e.g. Section 8)
- Rent unsubsidized home

- In transition/shelter
- Homeless
- Living with friends/family

Site Representative Signature

Today's Date

Program Site Name

Key Tag #



OFFICE OF COMMUNITY &  
ECONOMIC DEVELOPMENT

*Collaborative solutions for a promising future*

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## Senior Nutrition Program

### Information Disclosure Authorization

I, \_\_\_\_\_, authorize the Senior Nutrition Site \_\_\_\_\_  
Print Name

and Washtenaw County Office of Community and Economic Development (OCED)  
to disclose identifying information for the purpose of:

- Notifying emergency contacts in the event of an emergency
- Transferring to a different meal and service provider
- Retaining access to my information during a meal/service provider transfer  
for the purpose of assessments/reassessments and to prevent interruption of  
services
- Providing demographic data to the National Aging Program Information  
System (NAPIS)

I authorize the Washtenaw County Office of Community and Economic  
Development to disclose information to the following agencies:

◆ The Oaks, Adult Day Services	◆ Lincoln Golden Ages Seniors
◆ Chelsea Senior Center	◆ Ypsilanti Meals on Wheels
◆ Dexter Senior Center	◆ Jewish Family Services
◆ Ann Arbor Meals on Wheels	◆ Northfield Township community Center
◆ Milan Seniors for Healthy Living	◆ Silver Club/ Turner
◆ Mom's Meals	◆ Turner Senior Wellness
◆ Ypsilanti Senior Center	◆ Ypsilanti Twp 50 & Beyond
	◆ Lurie Terrace Senior Apartments

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Clients Signature

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Date

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Staff Signature

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Date