



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 / /19

Zip Code

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 #



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 |

Clients Signature

Date

Staff Signature

Date