

### PARTICIPANT REGISTRATION FORM

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ Gender  Female  Male  
 Date of Birth     /     / \_\_\_\_\_

**Age Verification Documentation**      Driver License's      Other  
     Self-Declared (sign Age Affidavit below)  
**Age Affidavit:** I declare that I am 60 years of age or older \_\_\_\_\_

Phone: \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Mailing Address, if different from above \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

**Ethnicity**      Hispanic or Latino      Not Hispanic or Latino  
**Race**      American Indian/ Alaskan Native      Asian  
                Black/ African American      Native Hawaiian/ Other Pacific Islander  
                Non-Minority (White, Non-Hispanic)      White, Hispanic  
                Other (Specify) \_\_\_\_\_  
 Does the client Understand English?  Yes  No     If not which language does client speak? \_\_\_\_\_  
 Do you have a disability that limits activities such as mobility or self-care?  Yes  No  
 Is your household income below poverty level? (see chart)  Yes  No  
 Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_  
 Do you live alone?  Yes  No     Are you a Veteran?  Yes  No

I understand that the center/site has a grievance procedure posted that will tell me how to lodge a complaint in the event that I feel I am being discriminated against due to my race, creed, color, sex, age, or national origin. I understand that the information on this form may be used in statistical reports and I hereby give my permission to use the information collected about me if it does not identify me personally by name.

Year 1: Name \_\_\_\_\_ Date \_\_\_\_\_  
 Year 2: Name \_\_\_\_\_ Date \_\_\_\_\_  
 Year 3: Name \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICIAL USE ONLY

**Site**     Dayton  
**For what reason is the individual eligible for congregate meals?**  
 Age 60 +      Spouse of 60+ participant      Program volunteer  
 Non-elderly disabled individual residing with eligible participant or living on site  
**Is the individual high nutrition risk?**      Yes      No