



PARTICIPANT REGISTRATION FORM

First Name _____ Middle Initial _____ Last Name _____

Preferred Name _____ Gender Female Male

Date of Birth ____ / ____ / ____

Age Verification Documentation Driver's License 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: _____ County: _____

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 _____