



# Senior Nutrition Program Congregate Meals Registration Form



Participant information on this form is requested for the National Aging Program Information System (NAPIS). All information is kept confidential. By signing this form, you understand that demographic information provided will be shared with NAPIS for reporting purposes. You also 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. **Fax completed forms to (734)-272-4183 by the 26<sup>th</sup> of each month.** 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	_____ JCC
_____ Participant Signature	_____ Date	_____ Program Site Name
_____ Site Representative Signature	_____ Date	

### Demographic Information

Declined providing information

Number in household: \_\_\_\_\_ Yearly household income (approximate): \_\_\_\_\_  
Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single (never married)  
Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

### Race:

- White
- Black/African American
- American Indian/Alaskan Native
- Asian/Native Hawaiian/Pacific Islander
- Multi-racial: Please specify: \_\_\_\_\_

Are you Hispanic/Latino?

### Living Arrangements:

- Own home
- Rent subsidized home (e.g. Section 8)
- Rent unsubsidized home
- In transition/shelter
- Homeless
- Living with friends/family

### Emergency Information

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

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

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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



OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT

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415W. Michigan Avenue · Suite 2200
Ypsilanti · MI 48197
Phone|734-544.6748 Fax|734-544.6749
Website|www.ewashtenaw.org/oced

Senior Nutrition Program
Information Disclosure Authorization

I, \_\_\_\_\_, authorize the Senior Nutrition Site JCC & Washtenaw
County Office of Community and Economic Development (OCED) to disclose identifying information for the purpose of:

- 1) Notifying emergency contacts in the event of an emergency
2) Transferring to a different meal and service provider
3) Retaining access to my information during a meal/service provider transfer for the purposes of
Assessment/reassessment and to prevent interruption of services with current meal/service provider until
transfer is complete.
4) Providing information to necessary service providers in
Reporting demographic data to the National Aging Program Information System (NAPIS).
5) I authorize the Washtenaw County of Office and Community and Economic Development to disclose
information to the agencies below:

HOME DELIVERED / CONGREGATE MEAL SITES:

- The Oaks, Adult Day Services
Chelsea Senior Citizens Activities
Center (Chelsea Senior Center)
Dexter Senior Center
Ann Arbor Housing Commission
Ann Arbor Meals on Wheels
Milan Seniors for Healthy Living
Mom's Meals
Ypsilanti Meals on Wheels
Jewish Community Center
Lincoln Senior Center
Northfield Township Community
Center
Pittsfield Senior Center
Silver Club/Turner
Turner Senior Wellness Program
Ypsilanti Senior Center
Ypsilanti Township Community
Center

I authorize the Washtenaw County Office of Community and Economic Development to disclose information to
the referral services listed below:

\_\_\_\_\_

I understand that once meals are delivered to my home, they become my responsibility. This release will be
renewed annually.

Client's Signature

Date

OCED Staff Signature

Date

Second Staff Signature (phone release)

Date