

GENERAL SERVICES REGISTRATION

Name (First, MI, Last):		Date of Registration:																
Residential Address (Fire No. & Street):		Date of Birth (month/day/year): / /																
City/State/Zip:		Phone Number (with area code):																
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Unspecified <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Gender Fluid/Not Exclusively Male or Female <input type="checkbox"/> Self-Describe (specify) _____	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ ----- Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Household: <input type="checkbox"/> I live alone. <input type="checkbox"/> I live with others. ----- Income Status: Is your income at or below the following guidelines? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"># in Home</th> <th style="text-align: left;">Month</th> <th style="text-align: left;">Year</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$1,133</td> <td>\$13,590</td> </tr> <tr> <td>2</td> <td>\$1,526</td> <td>\$18,310</td> </tr> <tr> <td>3</td> <td>\$1,919</td> <td>\$23,030</td> </tr> <tr> <td>4</td> <td>\$2,313</td> <td>\$27,750</td> </tr> </tbody> </table>		# in Home	Month	Year	1	\$1,133	\$13,590	2	\$1,526	\$18,310	3	\$1,919	\$23,030	4	\$2,313	\$27,750
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Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."

(Aging Units – Delete this language before printing. This form is for all other services – not including Home Delivered Meals, Congregate Meals, Nutrition Counseling, Personal Care, Homemaker, Chore, Adult Day Care, Temp. Respite, Case Management and Caregiver Services)