

# South River Office on Aging Member Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you a Veteran?  Yes  No Gender:  Male  Female

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have a Living Will?  Yes  No

Marital Status:  Married  Single  Widowed  Divorced

Please list any Major Illnesses: \_\_\_\_\_

Please list any Allergies: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (2 required)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## PLEASE COMPLETE THE FORM BY PLACING A CHECKMARK IN EACH SECTION

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  
**Race:**  African American/Black  
 Asian  
 American Indian/ Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 White

## Annual Income: Please Check Your Household Annual Income Range

\$0 - \$10,830  \$18,311 - \$24,264  \$36,397 - \$43,710  
 \$10,831 - \$14,570  \$24,265 - \$32,490  \$43,711 - \$48,528  
 \$14,571 - \$18,310  \$32,491 - \$36,396  \$48,529 – or above

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purposed only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or affect participation as a recipient unless a law has specifically restricted program participation.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_