

**St. Joseph County Commission on Aging Membership Information**  
2022-2023 Vendor ID 38-6006-524 Region IIIC

**Please Print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Nickname: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I'm under 60 years, please explain: \_\_\_\_\_

Street Address: \_\_\_\_\_ St. Joseph County Resident Y N

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City/Village/Township: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like the COA Newsletter emailed to you? Y N

Gender: M F Wheelchair Y N Handicapped: Y N Frail/Disabled: Y N Marital Status: M D S W

Client Gender (assigned at birth): \_\_\_ Female \_\_\_ Male \_\_\_ Other \_\_\_ Prefer Not to Say \_\_\_ Unknown

Do you consider yourself to be transgender or gender non-conforming? Y N

Client Sexual Orientation: \_\_\_ Straight \_\_\_ Lesbian \_\_\_ Gay \_\_\_ Bisexual \_\_\_ Prefer Not to Say \_\_\_ Other/Unknown

Spouse Name: \_\_\_\_\_ Household Size: \_\_\_\_\_ Lives Alone: Y N

Total monthly income: \_\_\_\_\_ Veteran: Y N Spouse of Veteran: Y N

Race:  White  Black  American Indian/Eskimo  Asian  Hispanic  Native Hawaiian/Pacific Islander

Language:  English  Non-English Air Conditioner: Y N

**Emergency Contacts**

Contact 1: \_\_\_\_\_ Emergency Phone Number 1: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Emergency Phone Number 2: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

**Nutritional Risk Information (Please check all that apply)**

\_\_\_\_\_ I have an illness or condition that made me change the kinds or amounts of food I eat.

\_\_\_\_\_ I eat fewer than two meals per day.

\_\_\_\_\_ I eat few fruits, vegetables or milk products.

\_\_\_\_\_ I have three or more alcoholic beverages almost every day.

\_\_\_\_\_ I have tooth or mouth problems that make it difficult for me to eat.

\_\_\_\_\_ I don't always have enough money to buy the food I need.

\_\_\_\_\_ I eat alone most of the time.

\_\_\_\_\_ I take three or more different prescribed or over the counter drugs a day.

\_\_\_\_\_ Without wanting to I have lost or gained 10 or more pounds in the last six months.

\_\_\_\_\_ I'm not always physically able to shop, cook, and/or feed myself.

**PLEASE TURN OVER TO SIGN - SIGNATURE REQUIRED FOR MEMBERSHIP**

## Acknowledgement of Receipt of Notice of Privacy Practices

By signing below I acknowledge that I have received or was offered a copy of the Notice of Privacy Practices from St. Joseph County Commission on Aging. I also acknowledge that I have been given the opportunity to discuss these practices and request additional restrictions on the use and disclosure of my Protected Information.

I understand that any pictures taken of me can be used in any St. Joseph County Commission on Aging publications and/or on the COA's social media accounts. I will provide a written statement if I wish for my photographs to be excluded.

### Safe Food Handling Waiver

I understand that the safe handling of any food taken from a senior center or nutrition site becomes my responsibility. This includes the second cold meal or any leftover food from my plate that I decide to take home and I have received information on safe food handling.

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Client

The Commission on Aging requires this information for statistical purposes only; all information is strictly confidential and isn't shared with any other outside agency. I have provided the above information to the best of my ability.

Are you interested in volunteering for the COA or learning about the volunteer opportunities the COA offers?

Please check this box and a COA staff member will contact you.