

St. Joseph County Commission on Aging Membership Information
2024-2025 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.