# St. Joseph County Commission on Aging Membership Information

**2026-2027 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.