

CLIENT PROFILE FORM 2021
2022

This information is used for statistics by the Department of Health and Social Services to determine the need to continue programs for the senior population and also for your senior center to provide services to you.

CONFIDENTIAL

First name _____ MI _____ Last name _____

Date of birth _____ Gender M or F Phone _____

Residential address _____

Town/state/ZIP _____

Mailing Address _____

Town/state _____

Ethnic status (please circle one)

- a. African American
- b. Hispanic or Latino
- c. American Indian / Native Alaskan
- d. Asian American
- e. White
- f. Hawaiian/Pacific Islander

Please circle Y or N to the following questions

- Is your income less than \$16,090 if single, or \$21,770 for couple Y or N
- Do you live alone Y or N
- Do you consider yourself a high nutritional risk individual Y or N

If you are joining the Center as a member, please enter your wedding anniversary: _____

Contact person in case of emergency _____

_____ Phone _____