Centre County Office of Aging Program Participant Form

Senior Center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following information. Thank You.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Township/Boro:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you live alone? \_\_\_\_\_Yes \_\_\_\_\_No Social Security No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender :\_\_\_\_Male \_\_\_\_Female Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Emergency contact? Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Emergency contact Phone Number( H/W/C ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Emergency Contact/ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Emergency contact Phone Number ( H/W/C ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity, Check one: \_\_\_\_Non-minority \_\_\_\_Hispanic \_\_\_\_Asian/Pacific Islander

\_\_\_\_American Indian/ Alaskan Native \_\_\_\_African American

Is your monthly income above $981 for one person ( $1328 for two)? \_\_\_\_Yes \_\_\_\_No

Marital Status: \_\_\_Married \_\_\_Widowed \_\_\_Divorced \_\_\_Single \_\_\_Legally Separated \_\_Other

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_