



Registration Form for "MySeniorCenter" Key Tag

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ___/___/___ Last 4 of SS# 000-00 - _____

Best Phone to Contact You: _____ Is this a LANDLINE / CELL PHONE (circle one)

Street Address : _____ Apt#: _____

Mailing P.O. Box : _____ City: _____ State: _____ Zip: _____

Email: _____

Race/Ethnicity: ___ African American /Black ___ Caucasian/White ___ Native American ___ Hispanic
___ Asian ___ Native Hawaiian/Other Pacific ___ Other

Gender: ___ Male ___ Female ___ Undeclared Do you live alone? ___ Yes ___ No

Marital Status: ___ Married ___ Single ___ Widowed ___ Divorced

Income : Please check Your Household Gross Monthly Income Range:

___ Single \$0 - \$2,000 ___ Couple \$2 - 4K ___ My/Our income is above those amounts

Are You a Veteran? ___ Yes ___ No

EMERGENCY CONTACT INFORMATION (provide up to 2 contacts : spouse and one not living with

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purpose only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or affect participation as a recipient unless a law has specifically restricted program participation.

YOUR SIGNATURE: _____ YOUR NAME: _____

The Carver Council on Aging Center does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation, or physical or mental disabilities in its employment practices or the provision of services except where it is a requirement of law.

For office use: Key Tag # # X250 _____ Form Date _____ Initial _____ SAMS
_____ Entered in MSC _____