

**SPOTSWOOD OFFICE ON AGING/SENIOR RESOURCE CENTER  
REGISTRATION – PLEASE PRINT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Living Area (circle one) BOROUGH / CLEARWATER / CRESCENT PARK / WOODMERE*

**\*MARITAL STATUS**

- |              |             |            |
|--------------|-------------|------------|
| 1. MARRIED   | 2. SINGLE   | 3. WIDOWED |
| 4. SEPARATED | 5. DIVORCED | 6. OTHER   |

**\*RACE/ETHNICITY**

- |             |            |
|-------------|------------|
| 1. WHITE    | 4. ASIAN   |
| 2. BLACK    | 5. OTHER   |
| 3. HISPANIC | 6. UNKNOWN |

**\*ANNUAL INCOME**

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| 1 Person-Less than \$11,880 _____ | 2 People-Less than \$16,020 _____ |
| 1 Person-More than \$11,880 _____ | 2 People-More than \$16,020 _____ |

**\*Information required by government funding source**

**DISABLED**    YES    NO

**SOCIAL SECURITY DISABLED**    YES    NO

**S.H.I.P COUNSELING**    YES    NO

**SENIOR BUS TRANSPORTATION**    YES    NO

**EMERGENCY CONTACTS**

(Family member, friend of neighbor available in the daytime)

NAME \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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CELL PHONE: \_\_\_\_\_

NAME \_\_\_\_\_

**MEDICAL CONDITIONS (please check if it applies)**

\_\_\_\_\_ No known medical problems  
\_\_\_\_\_ Allergies \_\_\_\_\_  
\_\_\_\_\_ Asthma  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Insulin Dependent  
\_\_\_\_\_ Hearing Impaired  
\_\_\_\_\_ Vision Impaired

\_\_\_\_\_ Heart Condition  
Explain: \_\_\_\_\_  
\_\_\_\_\_ High Blood Pressure  
\_\_\_\_\_ Pacemaker/Defibrillator  
\_\_\_\_\_ Oxygen  
\_\_\_\_\_ Stroke

**DOCTOR'S INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_

IN WHAT FIELD WERE YOU EMPLOYED?

\_\_\_\_\_

DO YOU HAVE HOBBIES YOU'D LIKE TO SHARE?

\_\_\_\_\_

DO YOU HAVE A SKILL YOU WOULD BE INTERESTED IN SHARING WITH OTHERS ON A  
GROUP LEVEL?

\_\_\_\_\_

\_\_\_\_\_

ARE YOU INTERESTED IN BECOMING A VOLUNTEER? YES \_\_\_\_\_ NO \_\_\_\_\_