

Grace Martin Harwell Senior Center User Profile

Please PRINT clearly! **(STOP! DO NOT CONTINUE IF YOU ARE NOT 55 OR OVER!)**

A. Client Information

First Name		Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____		
Middle Name				
Last Name				
Date of Birth				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Home Address				
Mailing Address				
Residency	<input type="checkbox"/> City <input type="checkbox"/> Non-City			
Email Address				
Newsletter (Check One)	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Neither			
Cell Phone		Allergies Specify: _____ _____ _____ <input type="checkbox"/> None known at this time.		
Home Phone				
Live Alone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Household Size	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+			
Race	<input type="checkbox"/> American Indian or Alaska Native		Special Needs <i>Check all that apply</i> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker/Cane <input type="checkbox"/> Oxygen <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Diabetic <input type="checkbox"/> Requires a Caregiver (Fill out Caregiver Information Below) <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
B. Caregiver Information (If Applicable)				
Name				
Phone				
Cell Phone				
C. Emergency Contact Information				
Name				
Phone				
Cell Phone				
Relation to you				
Primary Doctor				
Doctor's Phone				

SEE BACK PAGE TO COMPLETE FORM ---->

B. Caregiver Information (If Applicable)

<input type="checkbox"/> Not Applicable	Caregiver:
	<input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Paid by: _____

Caregiver Organization	<input type="checkbox"/> Private Pay
	<input type="checkbox"/> Relative: _____
	<input type="checkbox"/> Organization: _____

D. Personal Information

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes
	Explain: _____

<input type="checkbox"/> No	

*A "yes" will not deny your participation in our programs.
An untruthful answer may prevent you from participating in Grace Martin Harwell Senior Center Programs.*

E. Consent

I certify the information given by me is true to the best of my knowledge, and I understand it will be kept confidential and used only to help me receive the benefits and services which I may be entitled.

I hereby authorize the disclosure and release of this information only for the purposes for which it is intended. This authorization may be revoked by the undersigned at any time by giving written notice to the parties authorized herein.

I agree to indemnify and hold harmless the City of Washington and its appointed instructors from claims of bodily injury and/or property damage of all persons arising out of involvement with programs, activities, or on the premises used by me.

I give permission for my picture to be used in news articles and advertisements for the Grace Martin Harwell Senior Center.

Full Name (please print)

Signature

Date _____

F. Disaster Preparedness

If you were asked to leave your home because of a disaster, please check in which case you would leave

If you plan to leave, please indicate where you would go

Voluntary Evacuation Where: _____

Mandatory Evacuation Where: _____