

*City of Albany*  
**Senior Center Annual Registration Form**

For Office use only:  
ID NUMBER:  
999-08-\_\_\_\_\_

PLEASE PRINT:

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ / \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

GENDER:  Female  Male BIRTHDATE: \_\_\_/\_\_\_/19\_\_\_ YOUR AGE: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #1: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Do you LIVE ALONE?  Yes  No

Are you SINGLE with an income of less than \$851.00 per month?  YES  NO

Are you MARRIED with an income of less than \$1141.00 per month?  YES  NO

Are you a CAREGIVER?  No  Yes For whom?

Race:

- |   |   |  |                                    |                                      |
|---|---|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Caucasian              | <input type="checkbox"/> African American | <input type="checkbox"/> American Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Samoan      |
| <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Filipino         | <input type="checkbox"/> Guamanian       | <input type="checkbox"/> Hawaiian  | <input type="checkbox"/> Asian Other |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Japanese         | <input type="checkbox"/> Korean          | <input type="checkbox"/> Laotian   | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Other _____      |  |                                    |                                      |

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Unknown

Please Check Tasks You are Unable to Perform Without Help:

- |                                    |  |  |                                      |
|------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Eating    | <input type="checkbox"/> Preparing Meals | <input type="checkbox"/> Transportation        | <input type="checkbox"/> Using phone |
| <input type="checkbox"/> Dressing  | <input type="checkbox"/> Managing money  | <input type="checkbox"/> Shopping              | <input type="checkbox"/> Walking     |
| <input type="checkbox"/> Bathing   | <input type="checkbox"/> Light housework | <input type="checkbox"/> Heavy housework       |                                      |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Managing meds   | <input type="checkbox"/> Getting in/out of bed |                                      |

Would you like to volunteer periodically?  YES  NO  MAYBE  SPECIAL EVENT

SUGGESTIONS/COMMENTS: \_\_\_\_\_

**THANK YOU!**