

NUTRITION REGISTRATION: FAIR LAWN

Date _____ to _____
Start End

Name: _____
First Last

Address: _____
Street City Zip

Date of Birth: _____ / _____ / _____ Telephone #: _____
Month Day Year Area code

Ethnicity: Hispanic/Latino Non-Hispanic **Gender:** Male Female

Race: (Check all that apply)

- American Indian / Alaskan Native Asian Black / African American
- Native Hawaiian / Pacific Islander White Other: _____

Lives alone Frail / Disabled Vulnerable

Income: _____ Enter 1-4, see below:

	<i>Medicaid eligible</i>	<i>PAAD eligible</i>	<i>Senior Gold eligible</i>	
Single	1= <input type="checkbox"/> \$816 or below	2= <input type="checkbox"/> \$817-1,821	3= <input type="checkbox"/> \$1,822-2,654	4= <input type="checkbox"/> \$2,655+
Couple	1= <input type="checkbox"/> \$1,100 or below	2= <input type="checkbox"/> \$1,101-2,233	3= <input type="checkbox"/> \$2,234-3,066	4= <input type="checkbox"/> \$3,067+

Emergency Contact: _____ **Relationship:** _____

Daytime #: _____ **Work #:** _____ **Cell #:** _____

Doctor: _____ **Telephone #:** _____

Hospital Preference: _____ **Diabetes:** Yes

All of the information given above is true and accurate to the best of my knowledge.

X _____