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:

	Medicaid eligible	*PAAD eligible*	*Senior Gold eligible*	
Single	**1=☐ $816 or below**	**2=☐ $817-1,821**	**3=☐ $1,822-2,654**	**4=☐ $2,655+**
Couple	**1=☐ $1,100 or below**	**2=☐ $1,101-2,233**	**3=☐ $2,234-3,066**	**4=☐ $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 _____