

## Weber/Morgan Area Agency on Aging

Center Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: _____	DOB: _____	Phone: _____
Address: _____	City: _____	Zip Code: _____
How did you hear about the center? _____		
What are you interested in doing at the center? _____		

1st Emergency Contact: _____	Relationship: _____
Address: _____	Phone Number: _____
2nd Emergency Contact: _____	Relationship: _____
Address: _____	Phone Number: _____
Physician: _____	Phone: _____ Location: _____

Living Situation:	A-Alone	F-With Friend	P-With Parent	S-With Spouse	C-With a Child
	N-Nursing Hm	R-With a Relative		O-Other:	
Marital Status:	M-Married	W-Widowed	D-Divorced	S-Separated	N-Never Married
Sex:	F-Female	M-Male			
Race: <i>circle all that apply</i>	A-Asian	B-Black	C-Caucasian	H-Hispanic	N-American Indian
	P-Pacific Islander		O-Other:		
Handicap:	A- Ambulatory	H-Hearing	S-Speech	V-Vision	O- Other:
Low Income:	Y-Yes	N-No	(Based on 100% of U.S. Poverty Guideline)		