

Dorothy Powell Senior Adult Center Participant Information Card

Office Use:

Entered In System: _____

Picture Taken: _____

Card Printed: _____

PLEASE PRINT

Last Name _____ First Name _____ M.I. _____

Birth Date ____ / ____ / ____ (Month/Day/Year) Gender ____ (Male) ____ (Female)

Current/Physical Address _____

City _____ State _____ Zip _____

Permanent/Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell Phone (____) _____

Email _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship _____

Phone (____) _____ Cell Phone (____) _____

Address _____ City _____ State _____ Zip _____

Doctor's Name _____ Doctor's Phone # (____) _____

Health Conditions _____
_____Medications Currently Taken _____
_____**PERSONAL INFORMATION**

(Optional – Used for Statistical Use Only)

Marital Status

____ Married ____ Divorced ____ Widowed ____ Separated ____ Single ____ Other

Annual Income

____ Under \$10,000 ____ \$10,000-\$19,999 ____ \$20,000-\$30,000 ____ Over \$30,000

Applicants Ethnicity

____ White ____ Hispanic ____ Black ____ Native American ____ Asian Pacific ____ Other

Spouses Ethnicity

____ White ____ Hispanic ____ Black ____ Native American ____ Asian Pacific ____ Other

Residence

____ Full-Time Resident ____ Part-Time Resident ____ Visitor

