

Welcome to Generations of Indian Valley!

Confidentiality Statement: The paid and volunteer staff at Generations are required to maintain all participant information as confidential. Please be complete when filling out this form.

Name:
Last, First, MI _____
Street Address: _____
City or Town: _____
County: _____ Township: _____
State & Zip: _____ Phone # _____
E-mail : _____

Date: _____
Gender: M / F
Marital: M / W / S / D
DOB: _____
SSN: _____
Ethnicity: _____
Veteran?: Y / N

In the near future we'd like to use e-mail for communicating.

While here, do you need any type of communication assistance? Y / N
If so, how can we help you? _____
What is your primary language? _____
Do you have any disabilities? _____

Who recommended Generations to you?
Self / Family / Hospital / Agency / Newspaper / Other _____

In case of Emergency
while you're here at Generations,
Please tell us who we may call:
Name: _____
Relationship to you _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Who lives with you at home?
By myself
With my spouse
With my child
With another family member
Other

May we use your photograph for news releases, promotions or other special events?
 I hereby grant Generations permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration for any other lawful purpose. I understand and agree that these materials will become the property of Generations.
 I do not grant Generations permission to use my likeness in a photograph in any of its publications.

Signature Date

Please turn the page over. We are required by the State to ask about your nutrition. Please answer all questions. Thanks!

Nutrition Survey

- | | | |
|---|---|-------|
| 1. Have you noticed any changes in kind and/or amount of food eaten? | N | Y |
| 2. Do you Eat fewer than 2 meals a day? | N | Y |
| 3. Do you eat less than 5 servings (1/2 Cup each) of fruit or vegetables daily? | N | Y |
| 4. Do you eat less than two servings of dairy products daily? | N | Y |
| 5. Do you have 3+ drinks of beer, liquor or wine almost every day? | N | Y |
| 6. Do you have tooth or mouth problems that make it hard to eat? | N | Y |
| 7. Do you sometimes not have enough money to buy food? | N | Y |
| 8. Do you eat alone most of the time? | N | Y |
| 9. Do you take 3+ different prescribed or over-the-counter drugs per day? | N | Y |
| 10. Have you <u>G</u> ained or <u>L</u> ost 10 pounds in the past 6 months? | N | G L |
| 11. Are you not always physically able to shop, cook and/or feed yourself
(or can't get someone to help you)? | N | Y |

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: **What interests/appeals to you most about Generations ?**

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: **Do you have an hobbies, interests or skills (including employment) you could share?**

.....
: **Would you like to volunteer at Generations of Indian Valley? If so, in what ways?**

.....
: **Hoagie Sales Host/ess for lunch Special Events Bingo/Games Café/**

.....
: **Kitchen Performing Group MOW Handicrafters Trips Admin.**

.....
: **Others:** _____

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PLEASE!: Keep this membership form until you are issued a keytag.

Again, Thank you!

We hope you enjoy your time here at Generations of Indian Valley!

Staff Member: _____