

**The City of East Orange**  
 Department of Health and Human Services  
 Division of Senior Services  
 Registration Form

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

Name \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Home#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

***In Case of Emergency please contact:***

Name \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Tel#: \_\_\_\_\_

How Related: \_\_\_\_\_ Child \_\_\_\_\_ Friend \_\_\_\_\_ Sibling \_\_\_\_\_ Other \_\_\_\_\_  
 Relationship

The program that you are registering for is supported in part with Federal Funds. The information requested is mandatory. This information is confidential and not made public in any way.

- Activities:
- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Exercise      | <input type="checkbox"/> Bowling        | <input type="checkbox"/> Energy Ass.       | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Bus Trips     | <input type="checkbox"/> Seminars       | <input type="checkbox"/> Theatre Outings   | <input type="checkbox"/> Game Day       |
| <input type="checkbox"/> Pay Luncheons | <input type="checkbox"/> Free Luncheons | <input type="checkbox"/> Senior Conference | <input type="checkbox"/> Food Co-op     |

Health Condition: \_\_\_\_\_ Diabetes \_\_\_\_\_ Arthritis \_\_\_\_\_ Other(explain) \_\_\_\_\_

Female Head of Household \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Black  White  Hispanic  Asian  American Indian  Other

# of Persons in Household

1	2	3	4	5	6	7	8
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Ages of Household Occupants \_\_\_\_\_

Total Annual Family Income \$ \_\_\_\_\_

Information Provided By \_\_\_\_\_ Date \_\_\_\_\_

Family Meets Income Eligibility \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Staff Member Accepting Application \_\_\_\_\_  
 Signature

\_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_