

BOROUGH OF CARTERSVILLE OFFICE ON MAPLE APPLICATION SENIOR CITIZEN REGISTRATION FORM

NAME _____ FIRST _____

STREET _____ CITY & ZIP _____

TELEPHONE# _____ SS# _____

DATE OF BIRTH _____ AGE _____ SEX _____ WHT. _____ HGT. _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

TELEPHONE# _____ HOME# _____ WORK# _____

DOCTOR _____ ADDRESS _____ PHONE# _____

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY.
PLEASE HELP BY ANSWERING ALL QUESTIONS. CIRCLE ALL THAT APPLY.

MARITAL STATUS: 1. Single 2. Married 3. Divorced 4. Widowed

RESIDENCE: 1. Own home 2. Rent 3. Live with family 4. Other _____

Primary Means of Transp.: 1. Senior bus 2. Own car 3. friend/relative 4. Other _____

Employment Stats: 1. Employed 2. Retired 3. seeking employment 4. Other _____

Do you know a Language other than English _____ ?

Are you a member of a Senior Club/Organization/Group _____

Volunteer: 1. interested 2. Not interested

Income Level: under \$9,000 under \$20,000 over \$23,589.

Ethnicity: African American _____ Asian _____ Caucasian _____ Hispanic _____ Indian _____ Other _____

ADDITIONAL INFORMATION (HEALTH CONDITION)

Signature: _____ Date _____

Office use: ID _____ Date _____ Trans. _____ Soc. Svcs. _____ Senior meals _____

Employee Intake _____ Date _____