

**BURLINGTON COUNTY NUTRITION PROJECT FOR THE ELDERLY  
PEMBERTON TOWNSHIP SENIOR CENTER  
PARTICIPANT INTAKE FORM - CONGREGATE MEALS**

NAME \_\_\_\_\_ REGISTRATION DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 PHONE \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

<b>RACE:</b>	
White - Non-Hispanic _____	Native Hawaiian or Other Pacific Islander _____
White - Hispanic _____	Other _____
American Indian or Alaska Native _____	Multi-Racial _____
Asian _____	Unknown _____
Black or African American _____	
<b>ETHNICITY:</b>	
Hispanic _____	Other _____
	Unknown _____

MONTHLY INCOME: \_\_\_\_\_  
 LIVING ARRANGEMENTS: Alone \_\_\_\_\_ Not Alone \_\_\_\_\_

**EMERGENCY INFORMATION:**

NAME \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_  
 PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
 RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

**MEDICAL PROBLEMS:**

HEART \_\_\_\_\_ DIABETIC \_\_\_\_\_  
 OTHER \_\_\_\_\_  
 \_\_\_\_\_

**ALLERGIC TO ANY MEDICATIONS**

LIST: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DO YOU HAVE ANY FAMILY OR CLOSE FRIENDS IN THE AREA? Yes \_\_\_\_\_ No \_\_\_\_\_  
 WHAT ARE THEIR NAMES AND HOW ARE THEY RELATED TO YOU?

Relative/Person #1: \_\_\_\_\_ How Related?  
 Phone: \_\_\_\_\_  
 Relative/Person #1: \_\_\_\_\_ How Related?  
 Phone: \_\_\_\_\_

WHAT CHURCH DO YOU BELONG TO? \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_