



SPECTRUM LUNCH REGISTRATION FORM 2020-2021

用餐地点 Meal Site _____ 日期 Date _____

請填寫參與者資料 **Please Print Participant Information in English**

名字 First Name _____ **姓** Last Name _____

出生日期 (月/日/年) Birth Date ____ / ____ / ____

Eligibility for this program requires that you are 60 years or older*

60 岁或以上的人才符合资格*

*Guests younger than 60 must pay the \$10.00 non-senior meal rate

*如果你是 60 岁以下需要付 10 美金的非长者餐费

Exceptions: Resident at Senior 55+ Housing Meal Site Spouse Meal Site Volunteer

特例: 55 岁以上居住在老年公寓用餐点的住户 配偶 用餐点的义工

地址 _____ 房间号 _____ 城市 _____ 邮编 _____
Address Apt # City Zip

手机号码 (____) _____ - _____ 家居电话号码 (____) _____ - _____
Mobile/Cell Phone Home Phone

电话公司 Verizon T-Mobile Sprint AT&T Other: _____
Mobile Carrier

电子邮箱 Email _____

Spectrum 希望与您联系交流关于我们提供的项目和活动

Spectrum would like to communicate with you regarding our programs and events

接受电邮 接受手机短信
opt out of emails opt out of text messages

紧急联系人 Emergency Contact

姓名 Name _____ 电话 Phone (____) _____ - _____

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感謝您花時間回答以下所需資訊。請回答所有 3 頁的問題。這些資料是我們的資金來源所要求(他們提供 58%的餐費)。所有答案均嚴格保密

Thank you for taking the time to complete the required information below. Please answer the questions on all 3 pages. This data is requested by our funding sources (who provide 58% of the meal cost). All answers are kept strictly confidential.

你是户主吗 Are you the Head of Household? 是 Yes 不是 No

你是独居吗 Do You Live Alone? 是 Yes 不是 No

你是退伍军人吗 Are you a U.S. Veteran? 是 Yes 不是 No

擅长说那种语言 Preferred spoken language

- 英语 English 普通话 Mandarin 广东话 Cantonese 越南语 Vietnamese 日语 Japanese
 西班牙语 Spanish 达里语/波斯语 Dari/Farsi 他加禄语 Tagalog
 其他 Other _____

擅长书写的语言 Preferred written language

- 英语 English 简体中文 Simplified Chinese 繁体中文 Traditional Chinese 西班牙语 Spanish

性别 (只选择一个) What is your gender? (Check only one)

- 男 Male 女变男 Transgender female to male 双性人 Genderqueer/Gender Non-binary
 女 Female 男变女 Transgender male to female 拒绝回答 Declined/not stated
 以上都不是 (请说明): Not listed/Please specify _____

你出生时的性别(只选择一个) What was your sex at birth? (Check only one)

- 男 Male 女 Female 拒绝回答 Declined/not stated

你如何描述你的性取向或性身份 (只选择一个)

How do you describe your sexual orientation or sexual identity? (Check only one)

- 异性恋 Straight/heterosexual 双性恋 Bisexual 同性恋 Gay/Lesbian/Same sex Loving
 以上都不是 (请说明) Not listed/please specify: _____ 拒绝回答 Declined/not stated

种族 Ethnicity 西班牙裔或拉丁裔 Hispanic or Latino 不是西班牙裔或拉丁裔 Not Hispanic or Latino 未知 Unknown

Race

- | | | |
|--|---|--|
| <input type="checkbox"/> 高加索人 Caucasian (W) | <input type="checkbox"/> 美洲印第安人/阿拉斯加原住民 American Indian/Alaska Native (AI) | <input type="checkbox"/> 亚洲印度人 Asian Indian (AS) |
| <input type="checkbox"/> 日本 Japanese (JA) | <input type="checkbox"/> 非洲裔美国人/黑人 African American/Black | <input type="checkbox"/> 越南 Vietnamese (VI) |
| <input type="checkbox"/> 中国 Chinese (CH) | <input type="checkbox"/> 菲律宾 Filipino (FI) | <input type="checkbox"/> 夏威夷 Hawaiian (HA) |
| <input type="checkbox"/> 韩国 Korean | <input type="checkbox"/> 其他太平洋岛民 Other Pacific Islander (OP) | <input type="checkbox"/> 老挝 Laotian (LA) |
| <input type="checkbox"/> 其他亚裔 Other Asian | <input type="checkbox"/> 关岛 Guamanian (GU) | <input type="checkbox"/> 其他种族 Other Race (OR) |
| <input type="checkbox"/> 萨摩亚 Samoan (SA) | <input type="checkbox"/> 柬埔寨 Cambodian (CA) | <input type="checkbox"/> 拒绝回答 Decline to State (RM) |

请注明您的家庭每月总收入 Please indicate your household gross monthly income

| 1人 | 2人 | 3人 | 4人 |
|--|--|--|--|
| <input type="checkbox"/> \$0 - \$943 | <input type="checkbox"/> \$0 - \$1,582 | | |
| <input type="checkbox"/> \$944 - \$2,288 | <input type="checkbox"/> \$1,583 - \$2,613 | <input type="checkbox"/> \$0 - \$2,938 | <input type="checkbox"/> \$0 - \$3,263 |
| <input type="checkbox"/> \$2,289 - \$3,808 | <input type="checkbox"/> \$2,614 - \$4,350 | <input type="checkbox"/> \$2,939 - \$4,896 | <input type="checkbox"/> \$3,264 - \$5,438 |
| <input type="checkbox"/> \$3,809 - \$4,570 | <input type="checkbox"/> \$4,351 - \$5,220 | <input type="checkbox"/> \$4,897 - \$5,875 | <input type="checkbox"/> \$5,439 - \$6,525 |
| <input type="checkbox"/> \$4,571 - \$6,092 | <input type="checkbox"/> \$5,221 - \$6,963 | <input type="checkbox"/> \$5,876 - \$7,833 | <input type="checkbox"/> \$6,526 - \$8,700 |
| <input type="checkbox"/> \$6,093 + | <input type="checkbox"/> \$6,964 + | <input type="checkbox"/> \$7,834 + | <input type="checkbox"/> \$8,701 + |

拒绝回答 Decline to state

营养筛查行为 NUTRITION SCREENING INITIATIVE

阅读以下陈述，在适用的行列中圈选“是”的数字。

Read the statements below. Circle the number in the “yes” column for those that apply.

| | 是 |
|--|------------------------|
| 我有病，使我改变了我的食物种类和/或数量。 I have an illness or condition that made me change the kind and/or amount of food I eat. | 2 |
| 我每天吃少于 2 餐。 I eat fewer than 2 meals per day. | 3 |
| 我吃小于 5 份 (每份 1/2 杯) 的水果或蔬菜，或牛奶产品。 I eat fewer than 5 servings (1/2 cup each) of fruits or vegetables, or milk products. | 2 |
| 我每天都会喝 3 杯或更多的啤酒，烈性酒或葡萄酒。 I have 3 or more drinks of beer, liquor, or wine almost every day. | 2 |
| 我有困难咬，咀嚼或吞咽，或者我的牙齿或口腔问题使我很难吃东西。 I have trouble biting, chewing, or swallowing and/or I have tooth or mouth problems that make it hard for me to eat. | 2 |
| 我不是经常有足够的钱购买我需要的食物。 I don't always have enough money to buy the food I need. | 4 |
| 我大部分时间都是独自吃饭。 I eat alone most of the time. | 1 |
| 我每天服用 3 种或更多种不同的处方药或非处方药。 I take 3 or more different prescribed or over-the-counter drugs a day. | 1 |
| 超出预期，在过去的 6 个月里我已经失去或增加了 10 磅的体重。 Without wanting to, I have lost or gained 10 pounds in the last 6 months. | 2 |
| 我没能力经常亲自购物，烹饪和/或照顾自己。 I am not always physically able to shop, cook and/or feed myself. | 2 |
| | Score TOTAL 总分 |
| | Declined to State 拒绝回答 |

我自己填写了此表格以进行注册 I have completed this form myself for my own registration

签名 _____ 日期 _____
Participant Signature Date

I have completed this registration on behalf of _____

Prepared by (print name) _____

Preparer's Signature: _____ Date: _____

THANK YOU FOR COMPLETING THIS FORM