



SPECTRUM LUNCH REGISTRATION FORM 2020-2021

Meal Site _____ Date of Registration _____

Please Print Participant Information

First Name _____ Last Name _____

Birth Date (MM/DD/YYYY) ____/____/____

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

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

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

Address _____ Apt # ____ City _____ Zip _____

Mobile/Cell Phone (____) _____-____ Home Phone (____) _____-____

Mobile Carrier Verizon T-Mobile Sprint AT&T Other: _____

Email _____

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

opt out of receiving emails opt out of receiving text messages

Emergency Contact

Name _____ Phone (____) _____-____

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.

Are you the Head of Household? Yes No

Do You Live Alone? Yes No, number in household: _____

Are you a U.S. Veteran? Yes No

CONTINUED ON PAGE 2

Preferred spoken language:

- English Mandarin Cantonese Vietnamese Japanese
 Spanish Dari/Farsi Tagalog Other _____

Preferred written language:

- English Simplified Chinese Traditional Chinese Spanish

What is your gender? (Check only one)

- Male Transgender female to male Genderqueer/Gender Non-binary
 Female Transgender male to female Not listed/Please specify: _____
 Declined/not stated

What was your sex at birth? (Check only one)

- Male Female Declined/not stated

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

- Straight/heterosexual Bisexual Gay/Lesbian/Same sex Loving
 Not listed/please specify: _____ Declined/not stated

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race:

- Caucasian (W) American Indian/Alaska Native (AI) Asian Indian (AS)
 Japanese (JA) African American/Black Vietnamese (VI)
 Chinese (CH) Filipino (FI) Hawaiian (HA)
 Korean Other Pacific Islander (OP) Laotian (LA)
 Other Asian Guamanian (GU) Other Race (OR)
 Samoan (SA) Cambodian (CA) Decline to State (RM)

Please indicate your household gross monthly income

1 person	2 person	3 person	4 person
<input type="checkbox"/> \$0 - \$943	<input type="checkbox"/> \$0 - \$1,582	<input type="checkbox"/> \$0 - \$2,938	<input type="checkbox"/> \$0 - \$3,263
<input type="checkbox"/> \$944 - \$2,288	<input type="checkbox"/> \$1,583 - \$2,613	<input type="checkbox"/> \$2,939 - \$4,896	<input type="checkbox"/> \$3,264 - \$5,438
<input type="checkbox"/> \$2,289 - \$3,808	<input type="checkbox"/> \$2,614 - \$4,350	<input type="checkbox"/> \$4,897 - \$5,875	<input type="checkbox"/> \$5,439 - \$6,525
<input type="checkbox"/> \$3,309 - \$4,570	<input type="checkbox"/> \$4,351 - \$5,220	<input type="checkbox"/> \$5,876 - \$7,833	<input type="checkbox"/> \$6,526 - \$8,700
<input type="checkbox"/> \$4,571 - \$6,092	<input type="checkbox"/> \$5,221 - \$6,963	<input type="checkbox"/> \$7,834 +	<input type="checkbox"/> \$8,701 +
<input type="checkbox"/> \$6,093 +	<input type="checkbox"/> \$6,964 +		

- Decline to State

CONTINUED ON PAGE 3

NUTRITION SCREENING INITIATIVE

Read the statements below.

Please **CIRCLE THE NUMBER** in the “YES” column for those that apply.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat fewer than 5 servings (1/2 cup each) of fruits or vegetables, or milk products each day.	2
I have 3 or more drinks of beer, liquor, or wine almost every day.	2
I have trouble biting, chewing, or swallowing and/or I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Score TOTAL	
Declined to State	

I have completed this form myself for my own registration

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**