

SPECTRUM LUNCH REGISTRATION FORM 2022-2023

此表格僅適用於 2022 年 7 月 1 日至 2023 年 6 月 30 日

本欄由用餐點的員工填寫 **To be completed by Site**

Date form received by site: _____ Meal Site _____
 New Participant Renewal – Annual Registration Received & reviewed by: _____
 Add Site – Previously registered at _____ Date sent to Spectrum: _____

Instructions

1. Complete all three pages – All information will be kept strictly confidential.
2. Sign and date last the page.
3. Turn in to Meal Site before receiving first meal.

請使用英文填寫參與者資料 Please Print Participant Information in English

名字 First Name _____ 姓 Last Name _____

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

60 岁或以上的人才符合资格* Eligibility for this program requires that you are 60 years or older*

*如果你是 60 岁以下需要付 10 美金的餐费 *Guests younger than 60 must pay the \$10.00 non-senior meal rate

特例 Exceptions:

- 已註冊用餐者的配偶– 配偶姓名: _____ Spouse of participant
- 55 岁以上居住在老年公寓用餐点的住户 Resident at Senior 55+ Housing Meal Site
- 用餐点的义工 Meal Site Volunteer

地址 _____ 房间号 _____ 城市 _____ 邮编 _____
 Address 無一定居所 Unsheltered 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

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

您家中是否有其他人也是 Spectrum 老人餐的會員? 是 否

如果是, 姓名: _____ 關係: _____

紧急联系人 Emergency Contact 緊急聯繫人是否與用餐者住一起 是 否

姓名 Name _____ 關係 Relationship _____

家庭电话 home Phone (____) _____-____ 手機 Cell Phone (____) _____-____

CONTINUED ON PAGE 2

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-Gender Loving

不确定 Questioning/Unsure 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 拒绝回答 Declined/not stated

人種 Race (請勾選所有適當選項):

高加索人 Caucasian/White 非洲裔美国人/黑人 African American/Black 美洲印第安人/阿拉斯加原住民 American Indian/Alaska Native

其他种族 Other Race 多人種混血 Multiple Race

亚裔 Asian:

印度人 Asian Indian 柬埔寨 Cambodian 中國 Chinese

菲律宾 Filipino 日本 Japanese 韩国 Korean

老挝 Laotian 越南 Vietnamese 其他亚裔 Other Asian

夏威夷/其他太平洋岛民 Hawaiian/Other Pacific Islander:

关岛 Guamanian 夏威夷 Hawaiian 萨摩亚 Samoan

其他太平洋岛民 Other Pacific Islander

拒绝回答 Decline to State

CONTINUED ON PAGE 3

請註明您家庭的每月收入 Please indicate your household gross monthly income

1 人	2 人	3 人	4 人
<input type="checkbox"/> \$0 - \$1,133	<input type="checkbox"/> \$0 - \$1,526	<input type="checkbox"/> \$0 - \$1,919	<input type="checkbox"/> \$0 - \$2,313
<input type="checkbox"/> \$1,134 - \$2,500	<input type="checkbox"/> \$1,527 - \$2,858	<input type="checkbox"/> \$1,920 - \$3,217	<input type="checkbox"/> \$2,314 - \$3,571
<input type="checkbox"/> \$2,501 - \$4,167	<input type="checkbox"/> \$2,859 - \$4,763	<input type="checkbox"/> \$3,218 - \$5,358	<input type="checkbox"/> \$3,572 - \$5,950
<input type="checkbox"/> \$4,168 - \$5,000	<input type="checkbox"/> \$4,764 - \$5,715	<input type="checkbox"/> \$5,359 - \$6,430	<input type="checkbox"/> \$5,951 - \$7,140
<input type="checkbox"/> \$5,001 - \$6,183	<input type="checkbox"/> \$5,716 - \$7,067	<input type="checkbox"/> \$6,431 - \$7,950	<input type="checkbox"/> \$7,141 - \$8,833
<input type="checkbox"/> \$6,184 +	<input type="checkbox"/> \$7,068 +	<input type="checkbox"/> \$7,951 +	<input type="checkbox"/> \$8,834 +

拒絕回答 Decline to state

自我营养筛查 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
我有疾病，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
我每日吃少于 2 份（每份 1/2 杯）的水果或蔬菜，我每日喝少于 1 杯的乳製品。 I eat fewer than 2 servings (1/2 cup each) of fruits or vegetables, I eat less than 1 serving of milk or dairy products each day.	2
我每天都会喝 3 杯或更多的含酒精飲料。 I have 3 or more alcoholic beverages each day.	2
我有困难咀嚼或吞咽。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 medications a day.	1
超出预期，在过去的 6 个月里我的体重增加或减少超过 10 磅。 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 拒絕回答	

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

簽名 _____ 日期 _____
Participant Signature Date

I have completed this registration on behalf of _____

Prepared by (print name) _____

Preparer's Signature: _____ Date: _____

謝謝您填寫本問卷

To be completed by Spectrum Office

Date Received: _____

Entered into ServTracker - Date: _____ By: _____

Information Packet mailed: _____

Member Card created: _____ Sent to Meal Site: _____