



SPECTRUM LUNCH REGISTRATION FORM 2024-2025

THIS FORM IS VALID FROM JULY 1, 2024 TO JUNE 30, 2025

TO BE COMPLETED BY SITE	No meal served until completed form received
Meal Site _____	Date received by site: _____
<input type="checkbox"/> New Participant <input type="checkbox"/> Renewal – Annual Registration	Received & reviewed by: _____
<input type="checkbox"/> 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.

Please Print Participant Information

First/Familiar Name _____ Last/Family Name _____ M.I. _____

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

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

*Guests younger than 60 must pay the \$14.00 non-senior meal rate

Allowable exceptions: Spouse of a registered participant - Name: _____
 Meal Site Volunteer Resident at Senior 55+ Housing Meal Site

Street Address _____ circle one: Apt/Unit/Space # _____

Unsheltered

City _____ Zip Code _____

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

Email Address _____

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

Opt Out of receiving emails Opt Out of receiving text messages

Is another person in your household a Spectrum Meals participant? Yes No

If yes, Name: _____ Relationship: _____

Emergency Contact – Does emergency contact live with participant? Yes No

Name _____ Relationship _____

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

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Are you the Head of Household? Yes No

Number of people in household? 1 – I live alone 2 3 4 or more

Please indicate your household gross monthly income – FY2024 Income Guidelines

1 person	2 person	3 person	4 person
<input type="checkbox"/> \$0 - \$1,225	<input type="checkbox"/> \$0 - \$1,703	<input type="checkbox"/> \$0 - \$2,152	<input type="checkbox"/> \$0 - \$2,600
<input type="checkbox"/> \$1,226 - \$2,725	<input type="checkbox"/> \$1,704 - \$3,117	<input type="checkbox"/> \$2,153 - \$3,504	<input type="checkbox"/> \$2,601 - \$3,892
<input type="checkbox"/> \$2,726 - \$4,542	<input type="checkbox"/> \$3,118- \$5,192	<input type="checkbox"/> \$3,505 - \$5,842	<input type="checkbox"/> \$3,893 - \$6,488
<input type="checkbox"/> \$4,543 - \$5,450	<input type="checkbox"/> \$5,193 - \$6,230	<input type="checkbox"/> \$5,843- \$7,010	<input type="checkbox"/> \$6,489- \$7,785
<input type="checkbox"/> \$5,451 - \$7,050	<input type="checkbox"/> \$6,231- \$8,054	<input type="checkbox"/> \$7,011 - \$9,063	<input type="checkbox"/> \$7,786 - \$10,067
<input type="checkbox"/> \$7,051 +	<input type="checkbox"/> \$8,055 +	<input type="checkbox"/> \$9,064 +	<input type="checkbox"/> \$10,068 +

Decline to State

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-Gender Loving
 Questioning/Unsure Not listed/please specify: _____
 Declined/not stated

Are you a U.S. Veteran? Yes No

Ethnicity: Hispanic or Latino Not Hispanic or Latino Declined/not stated

Race (Check all that apply):

- Caucasian/White African American/Black American Indian/Alaska Native
 Other Race Multiple Race

Asian:

- Asian Indian Cambodian Chinese
 Filipino Japanese Korean
 Laotian Vietnamese Other Asian

Hawaiian/Other Pacific Islander:

- Guamanian Hawaiian Samoan
 Other Pacific Islander

Decline to State

Preferred spoken language:

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

Preferred written language: Translation is needed for literature

- English Simplified Chinese Traditional Chinese Spanish

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 2 servings (1/2 cup each) of fruits or vegetables each day. I eat less than 1 serving of milk or dairy products each day.	2
I regularly consume 3 or more alcoholic beverages each 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 medications 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	

Please read and initial each item

____ Spectrum Senior Meals is an Older American’s Act congregate nutrition program. The first priority is group dining. If I am unable to join for group dining, I may pick up a to-go meal offered with an online social activity. Both options are available with a \$4 suggested contribution.

____ To cancel a reservation, I'll notify the site before the meal service time, enabling them to offer the meal to someone else. Ideally, I'll provide a 24-hour notice, but same-day communication is acceptable if necessary. Failure to notify multiple times will result in the cancellation of all future reservations.

____ If I receive reusable containers for a to-go meal, I will follow the careful use guidelines and return all containers within 5 business days, whether or not I have a future reservation.

I have either completed this form myself or, if I had assistance, I have reviewed it to ensure that the information provided is true and accurate.

Participant Signature: _____ **Date:** _____

To be completed by Spectrum Office

Received Date: _____ By: _____

Entered into ServTracker Date: _____ By: _____

Information Packet Mailed Date: _____