



SPECTRUM LUNCH REGISTRATION FORM 2019-2020

Meal Site 吃饭地点: _____ Date 日期: _____

Please Print Participant Information: 請填寫參與者資料:

First Name 名字: _____ Last Name 姓: _____

Address 地址: _____ City城市: _____ Zip 邮编: _____

Phone 电话: (____) ____--____ Email 电邮: _____

Emergency Contact 紧急联系人:

Name 姓名: _____ Phone 电话: (____) ____--____

Birth Date 出生日期 (MM/DD/YYYY): ____ / ____ / ____

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

*If you are younger than 60, you must pay the \$10.00 non-senior meal rate
如果你小于60岁, 请付\$10元餐费

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.

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

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

Do You Live in a Rural Area? Yes 是 No 不是
你住在农村吗

Rural = Geographic place that has less than 2,500 persons and is not a suburb to a city or town
地理位置不到2,500人, 不是城市或城镇的郊区

Do You Live Alone? Yes 是 No 不是
你独居吗

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

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Preferred language 语言:

- English 英语 Chinese 中文 Spanish 西班牙语 Indian 印度语
 Tagalog 他加禄语 Vietnamese 越南语 Cambodian 柬埔寨语
 Dari/Farsi 达里语/波斯语 Other 其他 _____

What is your gender 性别? (Check only one)

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

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

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

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

你如何描述你的性取向或性身份 (只选一个)

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

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

种族: 西班牙裔或拉丁裔 不是西班牙裔或拉丁裔 未知

Race:

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

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Please indicate your household gross monthly income 家庭月收入

1 person 1人	2 person 2人	3 person 3人	4 person 4人
<input type="checkbox"/> \$0 - \$1,041	<input type="checkbox"/> \$0 - \$1,409	<input type="checkbox"/> \$0 - \$1,778	<input type="checkbox"/> \$0 - \$2,146
<input type="checkbox"/> \$1,042 - \$2,338	<input type="checkbox"/> \$1,410 - \$2,479	<input type="checkbox"/> \$1,779 - \$2,788	<input type="checkbox"/> \$2,147 - \$3,096
<input type="checkbox"/> \$2,339 - \$3,617	<input type="checkbox"/> \$2,480 - \$4,133	<input type="checkbox"/> \$2,789 - \$4,650	<input type="checkbox"/> \$3,097 - \$5,163
<input type="checkbox"/> \$3,618 - \$4,675	<input type="checkbox"/> \$4,134 - \$4,958	<input type="checkbox"/> \$4,651 - \$5,575	<input type="checkbox"/> \$5,164 - \$6,192
<input type="checkbox"/> \$4,676 - \$5,750	<input type="checkbox"/> \$4,959 - \$6,571	<input type="checkbox"/> \$5,576 - \$7,392	<input type="checkbox"/> \$6,193 - \$8,213
<input type="checkbox"/> \$5,751 +	<input type="checkbox"/> \$6,572 +	<input type="checkbox"/> \$7,393 +	<input type="checkbox"/> \$8,214 +

NUTRITION SCREENING INITIATIVE 营养筛选方案

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

阅读以下陈述，在适用的“是”列中圈选数字。

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat. 我有病，使我改变了我的食物种类和/或数量。	2
I eat fewer than 2 meals per day. 我每天吃少于2餐。	3
I eat fewer than 5 servings (1/2 cup each) of fruits or vegetables, or milk products. 我吃小于5份（每杯1/2杯）的水果或蔬菜，或牛奶产品。	2
I have 3 or more drinks of beer, liquor, or wine almost every day. 我每天都会喝3杯或更多的啤酒，烈性酒或葡萄酒。	2
I have trouble biting, chewing, or swallowing and/or I have tooth or mouth problems that make it hard for me to eat. 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。	2
I don't always have enough money to buy the food I need. 我不是经常有足够的钱购买我需要的食物。	4
I eat alone most of the time. 我大部分时间都是独自吃饭。	1
I take 3 or more different prescribed or over-the-counter drugs a day. 我每天服用3种或更多种不同的处方药或非处方药。	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months. 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	2
I am not always physically able to shop, cook and/or feed myself. 我没能力经常亲自购物，烹饪和/或喂食。	2
	Score TOTAL 总加分
	Declined to State 拒绝回答

Signature 签名: _____ Date日期: _____

**THANK YOU FOR
COMPLETING THIS FORM**