SPECTRUM LUNCH REGISTRATION FORM 2019-2020

Meal Site: _____ Date of Registration: _____

Please Print Participant Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

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

Emergency Contact:

Name: _____ Phone: _____

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

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

*If you are younger than 60, you must pay the $10.00 non-senior meal rate

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 in a Rural Area? ☐ Yes ☐ No

Rural = Geographic place that has less than 2,500 persons and is not a suburb to a city or town

Do You Live Alone? ☐ Yes ☐ No

Are you a U.S. Veteran? ☐ Yes ☐ No

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Preferred language:

☐ English ☐ Chinese ☐ Spanish ☐ Indian ☐ Tagalog
☐ Vietnamese ☐ Cambodian ☐ Dari/Farsi ☐ Other_____

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
□ $0 - $1,041	□ $0 - $1,409	□ $0 - $1,778	□ $0 - $2,146
□ $1,042 - $2,338	□ $1,410 - $2,479	□ $1,779 - $2,788	□ $2,147 - $3,096
□ $2339 - $3,617	□ $2,480 - $4,133	□ $2,789 - $4,650	□ $3,097 - $5,163
□ $3,618 - $4,675	□ $4,134 - $4,958	□ $4,651 - $5,575	□ $5,164 - $6,192
□ $4,676 - $5,750	□ $4,959 - $6,571	□ $5,576 - $7,392	□ $6,193 - $8,213
□ $5,751 +	□ $6,572 +	□ $7,393 +	□ $8,214 +

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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	

Signature: _____ Date: _____

THANK YOU FOR COMPLETING THIS FORM