



Membership Application

370 John James Audubon Pkwy • Amherst, New York • 14228
Phone (716) 636-3050 Fax (716) 636-3060

Membership _____

Dear Friend of Amherst Senior Services,

Welcome. Thank you for making the decision to join The Amherst Center for Senior Services. It is our hope that each visit to the Center is a special one. We offer a wide array of programs, services, activities and special events. We would be most appreciative if you provide the information requested as it helps us monitor our services and evaluate our programs. Therefore your cooperation is essential. Please know that all information is kept confidential and will not be shared with anyone without your permission.

Sincerely,
Pamela M. Krawczyk
Director

Do you get to the Center by: _____ car _____ bus _____ van _____ walk

How were you referred? _____

Retired? Yes _____ No _____ Occupation (optional) _____

Your special interests and skills: _____

Are you interested in VOLUNTEER WORK? _____ YES _____ NO

If yes, in what areas? _____

Please share your e-mail address for Center updates: _____

EMERGENCY INFORMATION: In case of an emergency, whom shall we notify?	MEDICAL INFORMATION:
Name: _____	Physician's Full Name: _____
Address: _____	Address: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Relationship: _____ Phone _____	Physician's Telephone Number: () _____

(FOR OFFICE USE ONLY)

Proof of residency used _____

Fee paid by CASH CHECK

STAFF INITIALS AT INTAKE) _____

Date entered into computer _____ By _____

**ERIE COUNTY STAY FIT DINING
REGISTRATION FORM**

UTRITION SITE and NUMBER:			CLIENT NO:		
ATE:	Gender: <input type="radio"/> Male <input type="radio"/> Female	DOB:		Veteran: <input type="radio"/> Yes <input type="radio"/> No	
Last Name:		First Name:		Mid Init	
Address:					
City:		State:	Zip:		
Phone:		Frail/Disabled: <input type="radio"/> Yes <input type="radio"/> No			

Emergency Contact:	Relationship:	Phone:
---------------------------	----------------------	---------------

Living Status: Alone, With Spouse Only, With relatives, With non-relatives, With Spouse and others, Others

Marital Status: <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Never Married <input type="radio"/> Domestic Partner or Significant Other	Number in Household:
--	-----------------------------

Race: White Black American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander
 Other Race 2 or More Races White (Alone) Hispanic

Ethnicity: Hispanic Non-Hispanic

person monthly income: less than \$973 Between \$974 – \$1216 Between \$1217 – \$1459 Greater than \$1459

person monthly income: less than \$1311 Between \$1312 - \$1639 Between \$1640 – \$1966 Greater than \$1996

Read the statements below. Circle the number in the "YES" column for those that apply to you.

Total your nutritional score and compare below.

Circle Number below if "YES" (if NO leave blank)

have an illness/condition that made me change the kind/amount of food I eat.	2
eat fewer than 2 meals a day.	3
eat few fruits or vegetables, or milk products.	2
have 3 or more drinks of beer, liquor or wine almost every day.	2
have tooth or mouth problems that make it hard for me to eat.	2
don't always have enough money to buy the food I need.	4
eat alone most of the time.	1
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
am not always physically able to shop, cook and/or feed myself.	2
Total	

A score of 0-2 means Good. You could recheck at six months.

A score of 3-5 means you are at moderate nutritional risk. You could see what you can do to improve eating habits and make life-style changes.

A score of 6 or more means you are at a high nutritional risk. You could take the checklist to a doctor, dietitian or qualified health or social service professional and talk to them. Ask for definite ways to improve your nutritional health.