

ST. MARY'S DEPARTMENT OF AGING REGISTRATION FORM

FIRST NAME		MIDDLE NAME		LAST NAME	
NICK NAME		SSN		DATE OF BIRTH	
				SEX M <input type="checkbox"/> F <input type="checkbox"/>	
911 STREET ADDRESS			MAILING ADDRESS		
CITY		STATE	ZIP CODE		COUNTY
HOME PHONE # ()		MARITAL STATUS		MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/>	
EMERGENCY CONTACT # ()		EMERGENCY CONTACT NAME		EM CT RELATIONSHIP	
SPOUSE NAME		SPOUSE SSN		ETHNICITY Hispanic or Latino Circle one Not Hispanic or Latino	
RACE		WHITE <input type="checkbox"/> 2 OR MORE RACES <input type="checkbox"/> OTHER <input type="checkbox"/>		AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/>	
LIVING ARRANGEMENTS		<input type="checkbox"/> ALONE <input type="checkbox"/> WITH SPOUSE/FRIEND		<input type="checkbox"/> WITH FAMILY/ADULT CHILD <input type="checkbox"/> HIRED CAREGIVER/ASSISTED LIVING	
<input type="checkbox"/> DISABLED ADULT CHILD		<input type="checkbox"/> REFUSED TO ANSWER			
MONTHLY INCOME		MEDICARE #		US MILITARY VETERAN	
\$972.50 Single Above / Below \$1,310.83 Couple Above / Below				YES NO <input type="checkbox"/> <input type="checkbox"/>	
DOCTOR NAME		DOCTOR PHONE #'S			
		() ()			
REGISTERED VOTER				NEWSLETTER	
Please circle one				Do you want to receive	
I AM REGISTERED NO I DECLINE I WANT TO REGISTER				YES NO	
SPECIAL ELIGIBILITY		VOLUNTEER <input type="checkbox"/> EMERGENCY <input type="checkbox"/>		SPOUSE OF CLIENT <input type="checkbox"/> DISABLE UNDER 60 <input type="checkbox"/>	
E-MAIL ADDRESS		CLIENT <input type="checkbox"/> CAREGIVER <input type="checkbox"/>		Who is care for?	
ACKNOWLEDGMENT OF CONSENT					
Please circle one					
I have read and understand my rights as stated in the Maryland Department of Aging Informed Consent Notice.					
YES NO <input type="checkbox"/> <input type="checkbox"/>					
Date: _____		_____			
		STAFF SIGNATURE			