



Annual Registration



Registration Time!

Every July it's time for all meal participants to register for the new fiscal year. For uninterrupted meal service, please complete and return your form to your meal site.

It's Easy to Register

1. Receive a form from your Meal Site
2. Complete Annual Registration Form
3. Return it to your Meal Site
4. Reserve upcoming meals



This is not a “Free Meal” program, but we will not turn away a registered senior for lack of funds. **Your \$3.75 donation really helps make this program possible.**

Why is each meal valued at \$10.00?

- \$3.50 Raw food cost
- \$6.00 People: plan, prepare and deliver meals
- \$0.50 Supplies

How is the meal funded?

- \$5.75 Gov't Sources
- \$1.76 Fundraising from private, corporate, & city contributors
- \$1.19 Average Donation from participants
- \$1.30 UNFUNDED— Your help is needed!**

Here are some answers to frequently asked questions:

Q: I just recently filled this out, why do I have to do it again?

A: Our fiscal year begins every July 1st. Participation in our program requires annual registration. The Area Agency on Aging requires us to have a registration form for each participant dated within the current fiscal year.

Q: Why do you ask so many personal questions? What do these have to do with receiving a meal?

A: Individual information is not shared. We compile data for reports. Information created from data elements contribute to valuable knowledge about service use and client demographics. It is a source for the Area Agencies on Aging, California Department of Aging, and U.S. Administration for Community Living performance measures. In addition, much of our funding which allows us to serve meals is provided by local grants which are based upon providing information on who we are serving.

Q: I am not comfortable sharing the information asked, may I just skip the question?

A: If a question is not answered, the form is considered incomplete. All completed forms are kept secure and confidential. Your individual contact information is not part of the data reported. If you are unable or unwilling to answer a question you may select “decline to state”.



SPECTRUM LUNCH REGISTRATION FORM 2021-2022

THIS FORM IS VALID FROM JULY 1, 2021 TO JUNE 30, 2022

To be completed by Site Coordinator

Meal Site **Downtown Oakland Sr Center** Date of First Meal this FY _____

New Participant Renewal – Annual Registration Add Site – Previously registered at _____

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.
4. You will receive a Member Card once Spectrum has processed your form.

Please Print Participant Information

First Name _____ M.I. ____ Last Name _____

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

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

*Guests younger than 60 must pay the \$10.00 non-senior meal rate

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

Address _____ Apt # ____ City _____ Zip _____

un-sheltered

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

Mobile Carrier Verizon T-Mobile Sprint AT&T Other: _____

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 (____) _____-_____

CONTINUED ON PAGE 2

Are you the Head of Household? Yes No

Do You Live Alone? Yes No, number in household: _____
 Decline to State

Are you a U.S. Veteran? Yes No

Preferred spoken language:

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

Preferred written language:

English Simplified Chinese Traditional Chinese Spanish

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

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

Please indicate your household gross monthly income

| 1 person | 2 person | 3 person | 4 person |
|--|--|--|--|
| <input type="checkbox"/> \$0 - \$1,073 | <input type="checkbox"/> \$0 - \$1,452 | <input type="checkbox"/> \$0 - \$1,830 | <input type="checkbox"/> \$0 - \$2,213 |
| <input type="checkbox"/> \$1,074 - \$2,398 | <input type="checkbox"/> \$1,453 - \$2,742 | <input type="checkbox"/> \$1,831 - \$3,083 | <input type="checkbox"/> \$2,214 - \$3,425 |
| <input type="checkbox"/> \$2,399 - \$3,996 | <input type="checkbox"/> \$2,743 - \$4,567 | <input type="checkbox"/> \$3,084 - \$5,138 | <input type="checkbox"/> \$3,426 - \$5,708 |
| <input type="checkbox"/> \$3,997 - \$4,795 | <input type="checkbox"/> \$4,568 - \$5,480 | <input type="checkbox"/> \$5,139 - \$6,165 | <input type="checkbox"/> \$5,709 - \$6,850 |
| <input type="checkbox"/> \$4,796 - \$6,396 | <input type="checkbox"/> \$5,481 - \$7,307 | <input type="checkbox"/> \$6,166 - \$8,221 | <input type="checkbox"/> \$6,851 - \$9,133 |
| <input type="checkbox"/> \$6,397 + | <input type="checkbox"/> \$7,308 + | <input type="checkbox"/> \$8,222 + | <input type="checkbox"/> \$9,134 + |

Decline to State

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 | |

I have completed this form myself for my own registration

Participant Signature: _____ **Date:** _____

I have completed this registration on behalf of _____

Prepared by (print name) _____

Preparer's Signature: _____ **Date:** _____

**THANK YOU FOR
COMPLETING THIS FORM**

To be completed by Spectrum Office

Date Received: _____

Entered into ServTracker – Date: _____ By: _____

Information Packet mailed: _____

Member Card created: _____ Sent to Meal Site: _____