

# SPECTRUM LUNCH REGISTRATION FORM 2023-2024

THIS FORM IS VALID FROM JULY 1, 2023 TO JUNE 30, 2024

<b>TO BE COMPLETED BY SITE</b>	<b><i>No meal served until completed form received</i></b>
Meal Site _____	Date received by site: _____
<input type="checkbox"/> New Participant <input type="checkbox"/> Renewal – Annual Registration	Received & reviewed by: _____
<input type="checkbox"/> Add Site – Previously registered at _____	Date sent to Spectrum: _____

**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.

**Please Print Participant Information**

First/Familiar Name \_\_\_\_\_ Last/Family Name \_\_\_\_\_ M.I. \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\*Guests younger than 60 must pay the \$14.00 non-senior meal rate

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

Street Address \_\_\_\_\_ Apt/Unit/Space # \_\_\_\_\_  
 un-sheltered (circle one)

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Mobile/Cell Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

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:**

Translation is needed for literature  
 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 – FY2023 Income Guidelines**

1 person	2 person	3 person	4 person
<input type="checkbox"/> \$0 - \$1,215	<input type="checkbox"/> \$0 - \$1,643	<input type="checkbox"/> \$0 - \$2,072	<input type="checkbox"/> \$0 - \$2,500
<input type="checkbox"/> \$1,216 - \$2,588	<input type="checkbox"/> \$1,644 - \$2,958	<input type="checkbox"/> \$2,073 - \$3,329	<input type="checkbox"/> \$2,501 - \$3,696
<input type="checkbox"/> \$2,589 - \$4,317	<input type="checkbox"/> \$2,959 - \$4,933	<input type="checkbox"/> \$3,330 - \$5,550	<input type="checkbox"/> \$3,697 - \$6,163
<input type="checkbox"/> \$4,318 - \$5,180	<input type="checkbox"/> \$4,934 - \$5,920	<input type="checkbox"/> \$5,551 - \$6,660	<input type="checkbox"/> \$6,164 - \$7,395
<input type="checkbox"/> \$5,181 - \$6,546	<input type="checkbox"/> \$5,921 - \$7,479	<input type="checkbox"/> \$6,661 - \$8,413	<input type="checkbox"/> \$7,396 - \$9,346
<input type="checkbox"/> \$6,547 +	<input type="checkbox"/> \$7,480 +	<input type="checkbox"/> \$8,414 +	<input type="checkbox"/> \$9,347 +

Decline to State

## NUTRITION SCREENING INITIATIVE

Read the statements below.

Please **CIRCLE THE NUMBER** in the “**YES**” column for those that apply.

	<b>YES</b>
I have an illness or condition that made me change the kind and/or amount of food I eat.	<b>2</b>
I eat fewer than 2 meals per day.	<b>3</b>
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.	<b>2</b>
I regularly consume 3 or more alcoholic beverages each day.	<b>2</b>
I have trouble biting, chewing, or swallowing and/or I have tooth or mouth problems that make it hard for me to eat.	<b>2</b>
I don't always have enough money to buy the food I need.	<b>4</b>
I eat alone most of the time.	<b>1</b>
I take 3 or more different prescribed or over-the-counter medications a day.	<b>1</b>
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	<b>2</b>
I am not always physically able to shop, cook and/or feed myself.	<b>2</b>
<b>Score TOTAL</b>	
Declined to State	

Please read and initial each item

\_\_\_ Spectrum Senior Meals is an Older American's Act congregate nutrition program. The first priority is group dining. If I am unable to join for group dining, I may pick up a to-go meal, preferably with an online social activity. I must inform if I intend to participate or not with each meal so it can be recorded accordingly. All three options are available with a \$4 suggested donation.

\_\_\_ If I receive reusable containers for a to-go meal, I will follow the careful use guidelines and return all containers within 5 business days, whether or not I have a future reservation.

\_\_\_ To cancel a reservation, I'll notify the site before the meal service time, enabling them to offer the meal to someone else. Ideally, I'll provide a 24-hour notice, but same-day communication is acceptable if necessary. Failure to notify multiple times will result in the cancellation of all future reservations.

I have either completed this form myself or, if I had assistance, I have reviewed it to ensure that the information provide is true and accurate.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by Spectrum Office**

Received Date: \_\_\_\_\_ By: \_\_\_\_\_

Entered into ServTracker Date: \_\_\_\_\_ By: \_\_\_\_\_

Information Packet Mailed Date: \_\_\_\_\_