



SPECTRUM LUNCH REGISTRATION FORM 2020-2021

Meal Site _____ Date of Registration _____

Please Print Participant Information

First Name _____ 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

Exceptions: Resident at Senior 55+ Housing Meal Site Spouse Meal Site Volunteer

Address _____ Apt # ____ City _____ Zip _____

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

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

Email _____

Spectrum would like to communicate with you regarding our programs and events

opt out of receiving emails opt out of receiving text messages

Emergency Contact

Name _____ Phone (____) _____-____

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 Alone? Yes No, number in household: _____

Are you a U.S. Veteran? Yes No

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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 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
<input type="checkbox"/> \$0 - \$943	<input type="checkbox"/> \$0 - \$1,582		
<input type="checkbox"/> \$944 - \$2,288	<input type="checkbox"/> \$1,583 - \$2,613	<input type="checkbox"/> \$0 - \$2,938	<input type="checkbox"/> \$0 - \$3,263
<input type="checkbox"/> \$2,289 - \$3,808	<input type="checkbox"/> \$2,614 - \$4,350	<input type="checkbox"/> \$2,939 - \$4,896	<input type="checkbox"/> \$3,264 - \$5,438
<input type="checkbox"/> \$3,309 - \$4,570	<input type="checkbox"/> \$4,351 - \$5,220	<input type="checkbox"/> \$4,897 - \$5,875	<input type="checkbox"/> \$5,439 - \$6,525
<input type="checkbox"/> \$4,571 - \$6,092	<input type="checkbox"/> \$5,221 - \$6,963	<input type="checkbox"/> \$5,876 - \$7,833	<input type="checkbox"/> \$6,526 - \$8,700
<input type="checkbox"/> \$6,093 +	<input type="checkbox"/> \$6,964 +	<input type="checkbox"/> \$7,834 +	<input type="checkbox"/> \$8,701 +

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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	

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**