

# ST. MARY'S DEPARTMENT OF AGING REGISTRATION FORM

<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>	
<b>NICK NAME</b>		<b>SSN</b>		<b>DATE OF BIRTH</b>	
				<b>SEX</b> M <input type="checkbox"/> F <input type="checkbox"/>	
<b>911 STREET ADDRESS</b>			<b>MAILING ADDRESS</b>		
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>		<b>COUNTY</b>
<b>HOME PHONE #</b> (    )		<b>MARITAL STATUS</b>		MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/>	
<b>EMERGENCY CONTACT #</b> (    )		<b>EMERGENCY CONTACT NAME</b>		<b>EM CT RELATIONSHIP</b>	
<b>SPOUSE NAME</b>		<b>SPOUSE SSN</b>		<b>ETHNICITY</b> Hispanic or Latino Circle one Not Hispanic or Latino	
<b>RACE</b>		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"/>			
<b>LIVING ARRANGEMENTS</b>		<input type="checkbox"/> ALONE <input type="checkbox"/> WITH SPOUSE/FRIEND <input type="checkbox"/> <input type="checkbox"/> WITH FAMILY/ADULT CHILD <input type="checkbox"/> HIRED CAREGIVER/ASSISTED LIVING <input type="checkbox"/> <input type="checkbox"/> DISABLED ADULT CHILD <input type="checkbox"/> REFUSED TO ANSWER <input type="checkbox"/>			
<b>MONTHLY INCOME</b>		<b>MEDICARE #</b>		<b>US MILITARY VETERAN</b>	
\$972.50 Single Above / Below \$1,310.83 Couple Above / Below				YES NO <input type="checkbox"/> <input type="checkbox"/>	
<b>DOCTOR NAME</b>		<b>DOCTOR PHONE #'S</b>			
		(    ) (    )			
<b>REGISTERED VOTER</b>				<b>NEWSLETTER</b>	
Please circle one				Do you want to receive	
I AM REGISTERED NO I DECLINE I WANT TO REGISTER				YES NO	
<b>SPECIAL ELIGIBILITY</b>		VOLUNTEER <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SPOUSE OF CLIENT <input type="checkbox"/> DISABLE UNDER 60 <input type="checkbox"/>			
<b>E-MAIL ADDRESS</b>		CLIENT <input type="checkbox"/> CAREGIVER <input type="checkbox"/>		<b>Who is care for?</b>	
<b>ACKNOWLEDGMENT OF CONSENT</b>					
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"/>					
<b>Date:</b> _____		_____ STAFF SIGNATURE			