

CAPITAL CITY SENIOR PROGRAMS

2007 MEMBERSHIP RENEWAL FORM

Renewal Rate \$10.00 Yearly

Replacement Door Entrance Card \$6.00

Make checks payable to: C.C.C.C.

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

Address _____

City _____ State RI Zip _____

Phone# _____ - _____ Gender M / F D.O.B. ____/____/____

LIVING ARRANGEMENTS:

- _____ Own Home
- _____ Rent
- _____ Private Senior Housing
- _____ Public Senior Housing
- _____ Assisted Living
- _____ Nursing Home

RACE:

- _____ White
- _____ Black
- _____ Asian
- _____ Hispanic
- _____ Other

MARITAL STATUS:

- _____ Married
- _____ Widowed
- _____ Separated
- _____ Divorced
- _____ Single

HOUSEHOLD COMPOSITION—Lives:

- _____ Alone
- _____ W/Spouse
- _____ W/Relative
- _____ W/Non-Relative

INCOME:

\$0 - \$581 \$992 - \$1196
\$582 - \$786 \$1197 - \$1401
\$787 - \$991 \$1402 - \$1606
 \$1607 - \$1811

PRIMARY LANGUAGE:

TRANSLATOR REQUIRED

YES / NO

Return this completed form with payment.

EMERGENCY CONTACTS:

Name _____

Phone _____ - _____

Relationship _____

Cell Phone _____ - _____

MEDICAL HISTORY:

Illness or injuries you are receiving medical treatment for.

**FOOD AND/OR
MEDICATION ALLERGIES:**

MEDICATION & PURPOSE:

INSURANCE INFORMATION:

Medicare # _____ - _____ - _____

Health Plan Name: _____

Plan ID# _____

ACTIVITIES of DAILY LIVING

1 = No Assistance 2 = Some Assistance 3 = Much Assistance 4 = Cannot Perform

Circle One

Cooking	1 2 3 4	Housework	1 2 3 4	Managing Medicine	1 2 3 4
Phone	1 2 3 4	Shopping	1 2 3 4	Transportation	1 2 3 4
Reading	1 2 3 4	Writing	1 2 3 4	Personal Hygiene	1 2 3 4

NAME OF PRIMARY PHYSICIAN: _____

PHONE: _____ - _____ **HOSPITAL PREFERENCE:** _____

OFFICE USE

Cash Check

Date: __/__/__