

Cranston Senior Services
Membership/Participant Registration

Today's Date: _____

Scan Card: _____
Processed By: _____
Fees Collected: \$ _____
PIF: Y__ N__

Title First Name* Middle Name Last Name* Suffix

Street Address* Apt City* Zip Code*

P.O. Box or Additional Address Line Home Phone* Cell Phone Email Address

Gender* Date of Birth* Languages* *Veteran __Y N__

Marital Status: *(circle one)*

- Married
- Single
- Widowed
- Separated
- Divorced
- Living with Family Member

Living Arrangement: *(circle one)*

- Home Owner Number in Household: _____
- Renter If Female, Head of Household? __Y __N
- Public Senior Housing
- Assisted Living

Ethnicity: *(circle one)*

- | | |
|---|--|
| White | Black, Hispanic |
| Black, African American | Asian & White |
| Asian | Black, African American & White |
| American Indian, Alaskan Native | American Indian/Alaskan Native & Black, African American |
| Native Hawaiian, Other Pacific Islander | Other Multi-Racial |
| American Indian, Alaskan Native & White | |

Personal Interests or suggestions for program offerings:

(volunteering, memoir writing, chess, health, exercise, mahjong, bowling, golf, painting, etc.)

Medical Information:

Hospital Preference: _____
Primary Care Physician: _____ Phone: _____

(Continuation of Medical Information)

Medical Conditions:

Allergies:

Medications:

Emergency Contacts: *(Please list in order of priority)*

| | | | |
|------------------|-------------|--------------|-----------|
| Name* | | Relationship | |
| Mailing Address* | City* | State* | Zip Code* |
| Cell Phone* | Home Phone* | Work Phone* | |

Emergency Contacts:

| | | | |
|------------------|-------------|--------------|-----------|
| Name* | | Relationship | |
| Mailing Address* | City* | State* | Zip Code* |
| Cell Phone* | Home Phone* | Work Phone* | |

Driving Information:

Car License Plate Number: _____ Make/Model/Color: _____

Transvan Rider: Y _____ N _____

Dining Room Lunch Service: Y _____ N _____

Newsletter Options:

(Choose one)

_____ I would like to **pick up** my newsletter.

_____ I would like my newsletter **mailed** to me.

Fee: \$10.00 Cranston resident
\$12.00 Non-Cranston resident

Checks Payable to : Cranston Senior Services

Enclose this form with your check to: **Cranston Department of Senior Services**
1070 Cranston Street
Cranston, RI 02920

Thank you for becoming a member of Cranston's Senior Enrichment Center!
We Welcome You!