

Clovis Senior Services – Confidential Form

850 4th St., Clovis, CA 93612 (559) 324-2750

Senior's Name _____

SS# ■■■■■-■■■-□□□□

Address _____ City _____ ZIP Code _____ Phone No. _____

Email _____ Birthdate _____ Age _____ Sex: Male Female Veteran: Yes No

Doctor/Clinic: _____ Phone _____ Are you disabled? Yes No

Medications _____

Health/Nutrition Problems _____

Medical Coverage: Medi-Cal Medicare Other _____ Do you receive SSI? Yes No

Do you live alone? Yes No Are you able to communicate in English? Yes No

Race/Ethnicity: White Hispanic Black Asian American Indian Other _____

EMERGENCY INFORMATION: In the event of an emergency, please contact:

Name _____ Relationship _____ Phone No. _____

(please check) I consent to be photographed by a representative of the Clovis Senior Center for the purposes of Senior Center publications (i.e. website, Newswagon), and program events.

I understand that the Clovis Senior Center is an independent participation facility and not an adult day care facility or an assisted living facility. In case of emergency, I authorize the Clovis Senior Center and the City of Clovis to release a copy of this form and/or the information contained thereon to appropriate health care provider and/or emergency response personnel.

SIGNED: _____

DATE: _____

I would like the monthly Newswagon mailed to my home Yes No

OR

I would like the monthly Newswagon emailed to me at the above email address Yes No