

MODERN MATURITY CENTER MEMBERSHIP APPLICATION



To become a member, please **fill out this application completely** and submit it with your membership fee to Member Services.

New Existing Lifetime

DATE: _____ VETERAN Y N

PLEASE PRINT CLEARLY

Name: _____
First Middle Initial Last

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (Circle One) Cell Home

Date of Birth: _____ Email Address: _____

Gender: M _____ F _____ Choose not to answer _____

Race:

- | | |
|--|--|
| <input type="checkbox"/> African American (non-Hispanic) | <input type="checkbox"/> Asian / Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American / Alaskan |
| <input type="checkbox"/> White | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Choose Not to Answer | |

Marital Status: Single Married Widowed

Live Alone: Yes No

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone Number: _____

.....

MEMBER SERVICES USE ONLY: MEMBER# _____

SCAN TAG# X _____



Division of Services for Aging and Adults with Physical Disabilities

DETERMINE Your Health Screening Tool

Client Name: _____ Date: _____

ALL APPLICATIONS FOR PARTICIPANTS OVER 60 ***MUST*** COMPLETE THE TOP SECTION.

The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk. Please read the statements below and circle the number in the **YES** column if those apply to you or someone you know. For each **YES** answer, score the number in the box. When completed, total your score.

	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 few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
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 that 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
TOTAL: _____	

TOTAL YOUR NUTRITIONAL SCORE. IF IT IS –

0 – 2 **GOOD!** Recheck your nutritional score in 6 months.

3 – 5 You are at **MODERATE** nutritional risk. See what can be done to improve your eating habits and lifestyle. Your Office on Aging, Senior Nutrition Program, Senior Citizens Center or Health Department can help. Recheck your nutritional score in 3 months.

6 + You are at **HIGH** nutritional risk. Bring this checklist the next time you see your doctor, dietician or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition.