Clinton County Office for the Aging Confidential Registration Form

Name:			Today's Date:	
Street Address:			Date of Birth:	
City/State/Zip:			email address:	
Home Phone Number:			Cell Number:	
Marital Status	□ Single	□ Married		orced
Current living arrangement: Using arrangement: Lives Alone With relatives Lives with spouse only With non-relative(s), domestic Partner Lives with spouse and others Other				
Have you ever served in the Armed Forces? \Box Yes \Box No Has your spouse ever served in the Armed Forces? \Box Yes \Box No				
What is your gender? Female Male				
 What is your Race? American Indian/Native Alaskan Asian Black, African American Native Hawaiian/Other Pacific Islander White, not Hispanic Other 2 or More Races Unknown White Hispanic 			What is your ethnicity? Hispanic or Latino Not Hispanic or Latino Unknown	
Your income level	□ below 10	00% 🛛 101	% - 149% 🛛 150%	-184% 🛛 185%+
2020 MONTHLY FEDERAL POVERTY GUIDELINES				
Family Size One Two Three Four For each additional For each additional For each additional	family member at 1	50%, add \$560	5 5 5 3 0	<u>185%</u> \$1,967 \$2,657 \$3,348 \$4,039

Privacy Policy: All information collected is held in strict confidence. Your personal information will be kept secure and accessed only by authorized personnel. Each Nutrition Program employee and volunteer is trained in confidentiality and signs a Pledge of Confidentiality with the understanding that a breach of this policy could be grounds for immediate dismissal. The information provided will assist us in our reporting process by demonstrating the need for the program, the availability of the program for all seniors age 60 and older and the success of the program in meeting your nutritional needs.