



SPECTRUM LUNCH REGISTRATION FORM 2021-2022

THIS FORM IS VALID FROM JULY 1, 2021 TO JUNE 30, 2022

To be completed by Site Coordinator

Meal Site _____

Date of First Meal this FY _____

New Participant Renewal – Annual Registration Add Site – Previously registered at _____

Instructions

1. Complete all three pages – All information will be kept strictly confidential.
2. Sign and date last the page.
3. Turn in to Meal Site before receiving first meal.
4. You will receive a Member Card once Spectrum has processed your form.

Please Print Participant Information

First Name _____ M.I. ____ Last Name _____

Birth Date (MM/DD/YYYY) ____/____/____

Eligibility for this program requires that you are 60 years or older*

*Guests younger than 60 must pay the \$10.00 non-senior meal rate

Allowable exceptions: Spouse of a registered participant - Name: _____
 Meal Site Volunteer Resident at Senior 55+ Housing Meal Site

Address _____ Apt # ____ City _____ Zip _____

un-sheltered

Mobile/Cell Phone (____) _____-_____ Home Phone (____) _____-_____

Mobile Carrier Verizon T-Mobile Sprint AT&T Other: _____

Email Address _____

Spectrum would like to communicate with you regarding our programs and events

Opt Out of receiving emails Opt Out of receiving text messages

Is another person in your household a Spectrum Meals participant? Yes No

If yes, Name: _____ Relationship: _____

Emergency Contact – Does emergency contact live with participant? Yes No

Name _____ Relationship _____

Home Phone (____) _____-_____ Cell Phone (____) _____-_____

CONTINUED ON PAGE 2

Are you the Head of Household? Yes No

Do You Live Alone? Yes No, number in household: _____
 Decline to State

Are you a U.S. Veteran? Yes No

Preferred spoken language:

English Mandarin Cantonese Vietnamese Japanese
 Spanish Dari/Farsi Tagalog Other _____

Preferred written language:

English Simplified Chinese Traditional Chinese Spanish

What is your gender? (Check only one)

Male Transgender Female to Male Genderqueer/Gender Non-binary
 Female Transgender Male to Female Not listed/Please specify: _____
 Declined/not stated

What was your sex at birth? (Check only one)

Male Female Declined/not stated

How do you describe your sexual orientation or sexual identity? (Check only one)

Straight/heterosexual Bisexual Gay/Lesbian/Same-Gender Loving
 Questioning/Unsure Not listed/please specify: _____
 Declined/not stated

Ethnicity: Hispanic or Latino Not Hispanic or Latino Declined/not stated

Race (Check all that apply):

Caucasian/White African American/Black American Indian/Alaska Native
 Other Race Multiple Race

Asian:

Asian Indian Cambodian Chinese
 Filipino Japanese Korean
 Laotian Vietnamese Other Asian

Hawaiian/Other Pacific Islander:

Guamanian Hawaiian Samoan
 Other Pacific Islander

Decline to State

Please indicate your household gross monthly income

1 person	2 person	3 person	4 person
<input type="checkbox"/> \$0 - \$1,073	<input type="checkbox"/> \$0 - \$1,452	<input type="checkbox"/> \$0 - \$1,830	<input type="checkbox"/> \$0 - \$2,213
<input type="checkbox"/> \$1,074 - \$2,398	<input type="checkbox"/> \$1,453 - \$2,742	<input type="checkbox"/> \$1,831 - \$3,083	<input type="checkbox"/> \$2,214 - \$3,425
<input type="checkbox"/> \$2,399 - \$3,996	<input type="checkbox"/> \$2,743 - \$4,567	<input type="checkbox"/> \$3,084 - \$5,138	<input type="checkbox"/> \$3,426 - \$5,708
<input type="checkbox"/> \$3,997 - \$4,795	<input type="checkbox"/> \$4,568 - \$5,480	<input type="checkbox"/> \$5,139 - \$6,165	<input type="checkbox"/> \$5,709 - \$6,850
<input type="checkbox"/> \$4,796 - \$6,396	<input type="checkbox"/> \$5,481 - \$7,307	<input type="checkbox"/> \$6,166 - \$8,221	<input type="checkbox"/> \$6,851 - \$9,133
<input type="checkbox"/> \$6,397 +	<input type="checkbox"/> \$7,308 +	<input type="checkbox"/> \$8,222 +	<input type="checkbox"/> \$9,134 +

Decline to State

NUTRITION SCREENING INITIATIVE

Read the statements below.

Please **CIRCLE THE NUMBER** in the “YES” column for those that apply.

	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 fewer than 2 servings (1/2 cup each) of fruits or vegetables each day. I eat less than 1 serving of milk or dairy products each day.	2
I regularly consume 3 or more alcoholic beverages each day.	2
I have trouble biting, chewing, or swallowing and/or 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 I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter medications 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
Score TOTAL	
Declined to State	

I have completed this form myself for my own registration

Participant Signature: _____ Date: _____

I have completed this registration on behalf of _____

Prepared by (print name) _____

Preparer's Signature: _____ Date: _____

**THANK YOU FOR
COMPLETING THIS FORM**

To be completed by Spectrum Office

Date Received: _____

Entered into ServTracker - Date: _____ By: _____

Information Packet mailed: _____

Member Card created: _____ Sent to Meal Site: _____