

# SENIOR EMERGENCY FORM

EVERYONE WHO USES THE CENTER OR VAN MUST FILL  
OUT A FORM. ALL INFORMATION WILL BE KEPT  
STRICTLY CONFIDENTIAL.

NAME:.....

ADDRESS:.....

..  
PHONE:.....

DATE OF BIRTH:.....

MEDICARE #.....

EMERGENCY  
CONTACT:.....PHONE#.....

DOCTOR:.....PHONE#.....

MEDICAL CONDITIONS.....

ALLERGIES:.....

MEDICARE #.....

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\* INCOME: SINGLE BELOW \$12,060..... ABOVE \$12,060.....  
MARRIED BELOW \$16,240 .....ABOVE \$ 16,240.....

\* DISABLED: YES.....

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\* RACE: WHITE.....AFRO-AMER.....ASIAN.....HISPANIC .....

- This information is necessary for the purpose of applying for grants and/or benefit programs.

Please use the back of this paper if more space is needed for any other pertinent information.