**

Office Use Only

Date Received \_\_\_\_\_\_\_\_\_\_

Data Entry Date \_\_\_\_\_\_\_\_\_

Data Entry Initials \_\_\_\_\_\_\_

Mt. Si Senior Center
Client Information Form 2024

We ask anyone using the Center to provide us with their information so that we can better serve them with a variety of programs, services, or assistance suited for their needs or circumstances. Finally, to protect our Center, we require clients to review and sign off on all waivers.

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| **Client Information**  |
| First Name M.I. |
| Nickname |
| Last Name |
| Suffix: ⬜ Jr. ⬜ Sr. ⬜ Other\_\_\_\_\_\_\_\_ |
| Date of Birth |
| Home Phone |
| Cell Phone |
| Email |
| Address Line 1 |
| Address Line 2 |
| PO Box City |
| State Zip Code |
| County where I live⬜ King County ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I live (pick one):⬜ within the city limits ⬜ outside the city limits  (unincorporated county area) |
| Are you a current MSSC volunteer? ⬜ Yes ⬜ NoAre you interested in volunteering? ⬜ Yes ⬜ No |

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| **Emergency Contact Information**  |
| Please provide contact information for those who we should notify in case of an emergency. Your emergency contact may include a family member or friend. |
| Emergency Contact Name |
| Relationship |
| Home Phone |
| Cell Phone |
| Work Phone |
| Email |
| Address Line 1 |
| PO Box City |
| State Zip Code |

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| --- |
| Name of Spouse/Partner(if not listed as emergency contact above):  |

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| Doctor’s Name |
| Doctor’s Phone |

**Want to Stay Informed?** Please check the boxes below if you would like to receive information on activities and programs via email:

 Emails: □ Yes □ No

**Demographic Information**

We ask for demographic information because much of our funding is based on the categories of people we serve. Your personal information will be kept confidential.

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| --- | --- | --- | --- | --- | --- | --- |
| 1. Gender ⬜ Male ⬜ Female ⬜ Other | 10. Yearly Household Income:

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| --- | --- |
| One Person Household* $28,800 or less
* $28,800 to $47,950
* $47,950 to $70,650
* $70,650 or more
 | Two Person Household* $32,900 or less
* $32,900 to $54,800
* $54,800 to $80,750
* $80,750 or more
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|  |  |
| --- | --- |
| Three Person Household* $37,000 or less
* $37,000 to $61,650
* $61,650 to $90,850
* $90,850 or more
 | Four Person Household* $41,100 or less
* $41,100 to $68,500
* $68,500 to $100,900
* $100,900 or more
 |
| \*based on King County 2022 Income and Rent Limits published 5/15/2023 |

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| 2. Ethnicity ⬜ Hispanic/Latino(a) ⬜ Non-Hispanic/Latino(a) |
| 3. Race (check all that apply) ⬜ American Indian or Alaska Native ⬜ White or Caucasian  ⬜ Asian, Asian-American ⬜ Multi-Racial ⬜ Black, African-American, Other African  ⬜ Native Hawaiian or Pacific Islander ⬜ Other Race |
| 4. I am a refugee or immigrant in the US: ⬜ Yes ⬜ No |
| 5. My primary language is:⬜ English ⬜ Other \_\_\_\_\_\_\_\_\_\_ I have limited English: ⬜ Yes ⬜ No | 11. Employment Status:* Full-time permanent ⬜ Seeking employment
* Part-time permanent ⬜ Not seeking employment
* Seasonal – Day employment ⬜ Retired
 |
| 6. My Marital Status is:  ⬜ Married/Partnered ⬜ Single ⬜ Widowed  | 12. Sexual Orientation ⬜ Unknown ⬜ Lesbian ⬜ Bisexual ⬜ Questioning  ⬜ Gay ⬜ Other ⬜ Heterosexual ⬜ Prefer not to say |
| 8. Head of Household:* I am the head of the household
* I am not the head of the household
 | 13. Do you have any allergies? ⬜ Yes ⬜ No If yes, please list: |
| 14. Do you have a disability (check all that apply): ⬜ Hearing impairment ⬜ Vision impairment ⬜ Cognitive impairment ⬜ Developmental disability ⬜ Physical impairment ⬜ Mobility issues ⬜ I use a wheelchair ⬜ I use a walker or cane ⬜ Chronic illness or pain ⬜ Mental Disability ⬜ Sensory Disability ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ No disability ⬜ Unknown15. Is there anything you would like us to know about you that would increase your participation in or access to the programs and services at the Center?  |
| 9. Military/Veteran Status (check all that apply):  ⬜ I have served in the military (past or present)  ⬜ I did not serve in the military  ⬜ I am the spouse/partner of veteran If you would like to be honored on Veterans Day, please provide details of your service including:Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rank upon Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Service \_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_ |

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| Waivers, Agreements and SignatureLast Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please initial next to each of the five waivers.** | **Initials** |
| **Photography:** I grant to MSSC its representatives and employees the right to take photographs of me and my property in connection with use or support of the senior center. I authorize MSSC, its assigns and transferees, to use and publish the same in print and/or electronically. I agree that MSSC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.**Name Use:** I authorize MSSC to use my name in print, in our newsletter and/or in displays related to MSSC activities and advertising.**Release from Liability:** Yes, I release MSSC and all its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participating in MSSC activities.**Code of Conduct:** I understand my behavior, while here, reflects on the organization and affects the ability of MSSC to deliver services to all seniors. I agree to refrain from behavior that: infringes on the rights of others; results in the destruction of property or equipment; violates any federal, state, county or city laws or ordinances; is threatening, aggressive, violent; or which may be taken as racial, religious or sexual harassment or is discourteous towards others. Possession or use of alcohol (except for during special events for which an alcohol license has been secured is not permitted). Possession or use of controlled substances is forbidden. As a member of the senior center, I understand that every effort is needed to make this a warm, positive and safe environment. The code of conduct is posted in the Center and is available upon request.**Fitness classes:** I acknowledge that if I choose to participate in a MSSC physical education class, I do so voluntarily. I hereby assume the risk for any injuries I may sustain during the pursuit of this activity while on the premises, and hereby release and forever discharge the instructors and the senior center from any actions, suites, damages, claims or judgements that may result from any personal or health injury I may sustain while so engaged. I understand that certain health hazards may exist in participation and hereby agree to accept any or all risks of said injury. Furthermore, I agree that I, my heirs, distributors, legal guardians, representatives and assignees will make no claims against, pursue suits attaching the property or prosecute the senior center or volunteer instructors for injury or damage resulting from my participation. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Mt. Si Senior Center, and I sign this of my own free will. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |