



# 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 \_\_\_\_\_

unsheltered

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
<b>Score TOTAL</b>	
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: \_\_\_\_\_