

CITY OF BEDFORD PARKS & RECREATION DEPARTMENT
SENIOR PARTICIPANT INTAKE FORM



This form is required for all participants of any Bedford Parks & Recreation senior activity including volunteers. Please complete and return to the Bedford Parks & Recreation Department.

APPLICANT INFORMATION - PLEASE PRINT

DATE: ____/____/____

LAST NAME: _____ FIRST NAME: _____ MI _____

BIRTHDATE: ____/____/____ GENDER (Circle): MALE FEMALE NON-BINARY

ADDRESS: _____
HOUSE# STREET APT# CITY ZIP

PROOF OF RESIDENCY: _____ SSN# (LAST 4): _____

Driver's License, State ID, Utility Bill, Lease Agreement, Etc.

LIVING SITUATION (Circle): LIVES ALONE LIVES WITH SPOUSE LIVES WITH OTHERS

HOME PH#: _____ CELL#: _____ TEXT: Y* N

**If you answer yes to texting please include your carrier: _____*

EMAIL: _____

ARE YOU A VETERAN (Circle): Y N WAS YOUR SPOUSE A VETERAN: Y N

EMERGENCY CONTACT INFORMATION

NAME & PHONE NUMBER: _____ RELATION: _____

PRIMARY PHYSICIAN: _____ HEALTH INSURANCE: _____

RACE (PLEASE PLACE A CHECK MARK IN THE BOX NEXT TO YOUR RACE)

- AMER IND/ALASKAN NATIVE
- ASIAN
- BLACK OR AFRICIAN AMERICAN
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
- OTHER RACE
- WHITE HISPANIC
- WHITE NOT HISPANIC

INCOME (PLEASE PLACE A CHECK MARK IN THE BOX NEXT TO YOUR INCOME)

- \$13,590 PER YEAR OR LESS
- \$16,988 PER YEAR OR LESS
- \$20,385 PER YEAR OR LESS
- \$23,783 PER YEAR OR **MORE**

FORM CONTINUES ON REVERSE SIDE

PARTICIPANT IS INTERESTED IN (PLEASE CHECK ALL THAT APPLY):

- AQUATICS
- ARTS & CRAFTS
- BOARD GAMES & CARDS
- CONGREGATE MEALS
- DAY TRIPS
- EXERCISE & DANCE
- FRIDAY FLICKS
- PICKLEBALL
- SEWING, NEEDLEPOINT, CROCHET, QUILTING
- SPEAKERS
- TECHNOLOGY
- OTHER INTERESTS (PLEASE LIST)

DO YOU WISH TO BE A MEMBER OF THE BEDFORD SENIOR CLUB (*Residents Only*): Y N

DISCLOSURE STATEMENT

This participant form was developed to assist Cuyahoga County Department of Health and Human Services Division of Senior and Adult Services to determine eligibility and monitor the effectiveness of senior programs offered to the residents of Cuyahoga County. Any participant information obtained from this form will be kept confidential and no personally identifying information about a participant (i.e. name, address, telephone, etc.) will be released to the public without the participant's written consent, unless otherwise required under federal or state law.

Eligible seniors cannot be denied services based on race, color, age, disability, religion, national origin, veteran status, sexual orientation, gender identity, and gender expression, ability to pay or donate.

My signature indicates all information on this form is true, accurate, and complete.

SIGNATURE OF PARTICIPANT

_____/_____/_____
DATE

STAFF USE ONLY				
_____/_____/_____ FORM RECEIVED	_____/_____/_____ FORM ENTERED	_____ RES VERIFIED	_____ DOC TYPE	_____ EXPIRATION
				_____ STAFF INT