



Registration Form

Last Name: _____ MI: _____ First Name: _____
Date of Birth: _____ Age: _____ Gender: _____ Last 4 Digits of SSN: _____
Address: _____
Mailing Address: (if different) _____
Home Phone: _____ Cell: _____ Work: _____
Email Address: _____
Marital Status: S ___ M ___ D ___ W ___ Lives with: _____
Primary Language: _____ Ethnicity: (white/black/Asian/Hispanic/other ___)
Insurance: Medicare ___ Medicaid ___ Other ___ Gross Monthly Income: (from all sources) \$ _____
Emergency Contact (other than spouse) Name: _____
Relationship: _____ Phone: _____

How did you hear about us? _____
Registered Voter: Yes ___ No ___ If no, would you like a voter registration form? Yes ___ No ___
Are you a Veteran: Yes ___ No ___ Are you on Active Military Duty: Yes ___ No ___
Do you have any Veteran Family Members (includes deceased family members): Yes ___ No ___
Are any of your family members on active Military Duty: Yes ___ No ___

***would you like to be on the mailing list for our monthly newsletter? ___YES ___NO

Proof of Age and Residency

The Sullivan County Office for the Aging requires proof of age (60 or older) and residency (must be a permanent resident of Sullivan County OR own and pay taxes on real property in Sullivan County) for registration.

Please provide the Office for the Aging with a COPY of one of the following forms of proof:

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| <u>Proof of Age:</u>
Birth Certificate
Driver's or Non-Driver's License
Passport
Or other official documents containing proof of date of birth and/or physical address approved by OFA Director. | <u>Proof of Residency:</u>
Sullivan County voter ID card/voter registration form
Driver's License (MUST have physical address)
Sullivan County Property Tax Bill |
|--|---|

Contributions

The Sullivan County Office for the Aging allows voluntary confidential contributions. All contributions are utilized to expand or support services offered in this office. If you would like to make a contribution, please see an Office for the Aging staff member.

FOR OFFICE USE ONLY

Proof of age and residency verified by:

Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's or Non-Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other official document(s) containing proof of date of birth and/or physical address: _____	Proof of Residency: <input type="checkbox"/> Sullivan County Voter ID Card <input type="checkbox"/> Driver's License (MUST have physical address) <input type="checkbox"/> Sullivan County Property Tax Bill
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SENT BY: _____

REGISTERED BY: _____ **DATE:** _____