

# Union County Senior Services Registration Form

Updated 5/1/2022

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in Years: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Interpreter needed? Y or N

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Emergency/Disaster Safety Plan? Y or N      Emergency Needs: Oxygen Medication Meal Mobility Electricity

**Race**

<input type="checkbox"/>	American Indian/Native Alaskan
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	Non-Minority (White, non-Hispanic)
<input type="checkbox"/>	Other
<input type="checkbox"/>	Two or More Races
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Prefer not to answer

**Gender**

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Prefer not to answer
<input type="checkbox"/>	Declined to Disclose
<input type="checkbox"/>	FTM-Female to Male
<input type="checkbox"/>	Genderqueer/Gender Non-Binary
<input type="checkbox"/>	Transgendered
<input type="checkbox"/>	MTF-Male to Female
<input type="checkbox"/>	Other
<input type="checkbox"/>	Unknown

**Veteran Status**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Pending
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Declined to Disclose
<input type="checkbox"/>	Prefer not to answer

**Ethnicity**

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

**Living Arrangement**

<input type="checkbox"/>	Declined to Disclose	
<input type="checkbox"/>	Lives Alone	
<input type="checkbox"/>	Lives with spouse/partner	
<input type="checkbox"/>	Lives with spouse and child	
<input type="checkbox"/>	Lives with child/children	
<input type="checkbox"/>	Lives with other (not spouse/children)	

**Vision Adequacy**

<input type="checkbox"/>	Difficulty seeing objects
<input type="checkbox"/>	Difficulty seeing print
<input type="checkbox"/>	No (If no, check below all that apply)
<input type="checkbox"/>	No useful vision
<input type="checkbox"/>	Undetermined
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Prefer not to answer

**Hearing Adequacy**

<input type="checkbox"/>	Difficulty with conversational level
<input type="checkbox"/>	No (If no, check below all that apply)
<input type="checkbox"/>	No useful hearing
<input type="checkbox"/>	Only hears loud sounds
<input type="checkbox"/>	Undetermined
<input type="checkbox"/>	Yes

**Income**

Is your income level below the national poverty level?  
1- \$12,880      2-\$17,420

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know
<input type="checkbox"/>	Prefer not to answer



**Self-Reported Health Concerns**

Alcoholism/substance abuse
Dementia
Alzheimer's disease
Cardiovascular Disease/Disorder
Arthritis
Blood Disorder/Disease
Brain Disorder
Cancer
Dental Problems
Diabetes
Digestive System Disorder/Disease
Drug use/abuse
Autoimmune Disorder
Eye Disorder
HIV Human Immunodeficiency Virus Infections
Hypertension-High Blood Pressure
Hyperthyroidism
Hypothyroidism
Kidney Disorder/Disease (Renal)
Lymphatic System disorder
Missing limb (e.g., amputation)
Musculoskeletal System/Connective Tissue Disorder/Disease
Neurological Disorders/Disease
Memory Loss
Obesity
Osteoporosis
Vertigo/Dizziness/frequent falls
Sleeping Disorder
Pain
Parkinson's Disease
Pre-Diabetic
Ear, Nose, Throat, Mouth Disorders/Disease
Respiratory Disorders/Disease
Stroke
Other: Please note
None of the Above

**For Office Use Only.**

Date: \_\_\_\_\_ Assessor: \_\_\_\_\_ IA \_\_\_\_\_ RA

Age Verification Type: \_\_\_\_\_

Is the client at a high nutritional risk level? (Score of 6 or higher): Score: \_\_\_\_\_ Y or N

Is the client at risk for malnutrition? (Score of 2 or high) Score: \_\_\_\_\_ Y or N

Program Referral: Registered Dietician Client's Personal Physician Health Department

Other: \_\_\_\_\_

COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Aging and Independent Living  
**VOTER REGISTRATION RIGHTS AND DECLINATION**

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(Applicant's Name)

REGISTERING TO VOTE

If you are not registered to vote where you live now, would you like to apply to register to vote? (please check the appropriate box).

YES

NO

ALREADY REGISTERED

IF YOU DO NOT CHECK ONE OF THE BOXES ABOVE, IT WILL BE CONSIDERED THAT YOU HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

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(Applicant's Signature)

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(Date)

If you register to vote or decline to register to vote, this decision and any information regarding the office to which the application was submitted remains confidential and is used only for voter registration purposes.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may complete the application form in private, if you desire.

If you complete a voter registration application form, it will be forwarded to your local county clerk who will assign you a voting precinct. A confirmation notice with your precinct and voting location will be mailed to you by the county clerk. IF YOU DO NOT RECEIVE SUCH NOTICE WITHIN THREE (3) WEEKS, PLEASE CALL YOUR COUNTY CLERK.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register, or in applying to register to vote, or your right to choose your own political party or other preference, you may file a complaint by writing or calling the State Board of Elections, 140 Walnut Street, Frankfort KY 40601, phone 1-800-246-1399.

Please note that KRS 116.045(2) requires the clerk to close all registration 28 days prior to any election. If your application is received during this period, you will not be eligible to vote until the next election.