

MEMBERSHIP REGISTRATION FORM

A place to connect. A place to thrive.

A Senior Center of Upper Shore Aging Inc.

Registration Date: _____

E-mail Address: _____

Name: _____
Last First Middle Initial

Date of Birth: _____ ☐ Male ☐ Female

Address: _____
- Street/Apt.#(911 Numbering) Town State Zip

Telephone Number: _____

Emergency Contact Telephone Number: _____

Emergency Contact Name: _____ Relationship: _____

Marital Status

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Single
- ☐ Separated
- ☐ Missing
- ☐ Refused to Answer
- ☐ Unknown

Race

- ☐ African American
- ☐ Asian/Pacific Islander
- ☐ Hispanic
- ☐ Missing
- ☐ Other _____
- ☐ Refused to answer
- ☐ White (not of Hispanic origin)

Eligibility Codes

- ☐ Spouse of eligible participant
- ☐ Developmentally Disabled Under 60
- ☐ Volunteer Eligible

Living Arrangements

- ☐ Alone
- ☐ With Family/Adult Children
- ☐ With Spouse/Friend
- ☐ With Hired Caregiver
- ☐ With Adult Disabled Child
- ☐ Refused to Answer

Proof of Age

- ☐ Birth Certificate
- ☐ Drivers License
- ☐ Marriage Certificate
- ☐ Medicare Card

Ethnicity

- ☐ Hispanic
- ☐ Non Hispanic
- ☐ Unknown

Income

- ☐ Above Poverty
- ☐ Below Poverty
- ☐ Missing
- ☐ Refused to Answer

Voter Registration

Are you registered?

☐ Yes ☐ No

Would you like to register at this time?

☐ Yes ☐ No

Referred by _____

How did you hear about us?

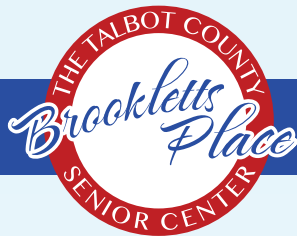
- ☐ Website Search (and you went straight to the Brookletts Place website)
- ☐ Listed in a printed senior resources guide
- ☐ Social Media
- ☐ Listed in an online senior resources guide
- ☐ Word-of-Mouth
- ☐ Drive-By
- ☐ Flyer for a Fundraising Event
- ☐ Place of Worship
- ☐ Other (please specify) _____

Medicaid No. _____ Medicare No. _____

Site _____

Staff Signature: _____

**PLEASE READ AND
SIGN BACK OF PAGE**



NOTICE - INFORMED CONSENT

A place to connect. A place to thrive.

A Senior Center of Upper Shore Aging Inc.

The information collected on this form may be shared with the Maryland Department of Aging (MDoA). Upper Shore Aging, Inc. and MDoA will not share any personal information which identifies you (such as your name, social security number, address or telephone number) with any other person or agency. Upper Shore Aging, Inc. and MDoA will use the information collected to prepare local, state and federal reports and to help improve programs and services for seniors in Maryland, but will keep your identity confidential.

You may refuse to provide any or all of the information requested on the attached form. If you refuse to provide the information requested, you will still be eligible to receive any service which does not require proof of limited income as long as you provide proof of your age. However, you must provide income information and proof of identity to receive any service which requires proof of a limited income.

You may also refuse to share certain specific identifying information you provide on this form with MDoA (name, social security number, emergency contact information and employer information).

You may inspect your personal information at Upper Shore Aging, Inc., 100 Schaubert Road, Chestertown, MD 21620, (410-778-6000 or 1-800-721-6651) or at MDoA's office at 301 West Preston Street, Suite 1007, Baltimore, MD 21201 (1-800-AGE-DIAL). You must provide a written request. Upper Shore Aging, Inc. and MDoA will allow you to inspect your personal information as soon as reasonably possible, but no later than 30 days from the date or your request. You must provide proof of your identity at the time of your inspection.

I have read and understand the above informed Consent Notice.
(Please check the one that applies)

- ☐ **I consent** to share the information with the Maryland Department of Aging
- ☐ **I do not consent** to share information with the Maryland Department of Aging

Signature

Date