RIVERDALE SENIOR SERVICES
2600 NETHERLAND AVENUE
BRONX, NY 10463

REGISTRATION FORM DATE:______________

NAME_____________________________PHONE #______________D/O/B________

ADDRESS____________________________CITY__________STATE______ZIP_____

SEX:M_____F_____ SOCIAL SECURITY NO:__________________________
>>

IDENTIFICATION

DRIVERS LICENSE____PASSPORT____ ALIEN CARD_____ MEDICAID CARD___

OR

I DECLARE I AM 60 YEARS OF AGE OR OVER:_____________________________
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ETHNICITY: WHITE___BLACK___HISPANIC___ASIAN____OTHER___
>>

LIVING ARRANGEMENTS & MARITIAL STATUS

ALONE:________WITH SPOUSE______________OTHER:______________________

MARRIED_____WIDOWED________SEPARATED__________DIVORCED_______
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PRIMARY LANGUAGE_______________SECONDARY LANGUAGE____________

TOTAL INCOME:_________VETERAN:Y____N_____PROOF OF AGE:___________
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MEDICATIONS

NAME	DOSE/FREQ	REASON

INFORMATION ON HEALTH

MEDICAID CARD:Y____N____MEDICAID HOME ATTENDANT:Y____N____

HEARING IMPAIRMENT_______WALKER_____WHEELCHAIR_____CANE_____

VISION IMPAIRMENT:_____MACULAR DEGENERATION____GLAUCOMA____
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EMERGENCY CONTACT-- DOCTOR

NAME:____

ADDRESS:________________________________CITY_____STATE_____ZIP_______

PHONE NO:____

ADDITIONAL EMERGENCY CONTACT

NAME:____

ADDRESS:________________________________CITY_____STATE_____ZIP_______

PHONE NO:____
>>>

INTAKE FOR SERVICES

CASE ASSISTANCE_________________NUTRITION COUSELING_______________

TRANSPORTATION_________________HEALTH PROMOTION_________________