

Milan Seniors for Healthy Living

Membership & Intake Form

...Where we get better with age.

Full Name _____ Date of Birth: _____

Gender: Male / Female / Transgender What is your primary language? _____

Residential Address _____ City _____

Municipality/Township _____ Zip _____ County _____

Mailing Address (if different) _____

Phone Number _____ Email _____

MEMBERS: Would you like the newsletter e-mailed to you in lieu of a hard copy? Yes / No

What brought you to MSHL? _____

Disabled or Handicapped: Yes / No

Veteran: Yes / No

Caregiver: Yes / No

Race: _____

Housing:

Rural (*All of Milan is Rural*)

Suburban

Other: _____

Pets: _____

Living Arrangements:

Alone

Lives with Family/Friends

Subsidized Housing

Homeless

Marital Status:

Single Separated Widowed

Married Divorced

Number of People in your Household: _____ Based on the number of people in your household, please circle your income range OR write it here: _____

1 Person	2 People	3 People	4 People
\$0-\$12,060	\$0-\$16,240	\$0-\$20,420	\$0-\$24,600
\$12,061-\$22,311	\$16,241-\$30,044	\$20,421-\$37,777	\$24,601-\$45,510
\$22,312-\$24,120	\$30,044-\$32,480	\$37,778-\$40,840	\$45,510-\$49,200
+\$24,121	+\$32,481	+\$40,841	+\$49,201
<i>For families/households with more than 4 persons, add \$4,060 for each additional person.</i>			

Emergency Contacts:

Name	Phone	Relationship

Medical Info:

Hospital of Choice	
Allergies	

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Any health conditions you want us to be aware of	
Medications <i>(Feel free to attach copy of Med List instead)</i>	

In the last year, my involvement at MSHL has helped me...

Increase or maintain my social network.	Agree	Disagree	No Opinion
Increase or maintain my independence.	Agree	Disagree	No Opinion
Increase or maintain my quality of life.	Agree	Disagree	No Opinion

What has been the most significant change because of your involvement at MSHL?

If you do not check a box below, MSHL will assume you agree to the following:

Media Release: I authorize MSHL to publish photographs and videos taken of me. I acknowledge that my participation is voluntary and I will not receive financial compensation with the taking or publication of the photos or videos. Yes No

Release of information: MSHL holds your personal information in confidence, the demographic information on this form is only used for statistical purposes. I authorize MSHL to release the necessary information for emergencies, referrals, and audits. Yes No

Resource Advocacy: I would like to be contacted about services I may be eligible for OR I have questions about senior services that I would like to talk about. Yes No

Inclusion is at the forefront of all MSHL policy, program development, and every day practices. **Please take the space below to detail anything MSHL can do to make you feel at home in respect to the cultural diversity of you and your family.**

Ex. My family and I are Jewish. We will not attend center activities during any of the Jewish holidays.

Signature _____ Date _____

Phone Intake: Staff Initials _____ Date _____

Disclaimer: MSHL hosts programs and speakers on topics it believes may be of interest to our members. MSHL is not responsible for nor does it in any way endorse any speaker, the content of any program, or any future relationship, professed or otherwise, by any speaker.