Full Name \_\_\_ \_\_ \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ Gender: M / F / T / N Phone Number \_ \_Email\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Newsletter? Y / N

Residential Address/City/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality/Township \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Previous) Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Living Arrangements:   * Alone Living with Friends/Family * Subsidized Mobile Home/Trailer * Homeless Rent Own   Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of People in your Household: \_\_\_\_\_\_\_\_ Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ month / year | |

**Emergency Contacts**:

Office Use: ActiveNet PeerPlace ServTracker ID#\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name | Phone | Relationship |
|  |  |  |
|  |  |  |

**Medical Info** (By providing this information, you allow MSHL to release you for medical treatment):

|  |  |
| --- | --- |
| Hospital of Choice |  |
| Allergies |  |
| Medications | *(Feel free to attach copy of Med List instead)* |
| Any health conditions or advanced directives you want us to be aware of? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the last year, my involvement at MSHL has helped me…** | | | | | |
| Increase or maintain my social network. | | Agree | | Disagree | I’m New |
| Increase or maintain my independence. | | Agree | | Disagree | I’m New |
| Increase or maintain my quality of life. | | Agree | | Disagree | I’m New |
| What has been the most significant change because of your involvement at MSHL? | | | | | |
| **I am interested in participating in or learning more about:** | | | | | |
| Acupuncture | Aging Allies  (Friendly Visitors OR Pen Pals) | | Aging Life Coaching | | |
| Advance Directive Counseling | Budget Review | | Care Giver & Care Partner  Support Group | | |
| Decluttering | Grandparents as Parents Support | | Hearing & Hearing Aid  Services | | |
| Library in Motion | Lyrics with Laurie | | Massage Therapy | | |
| Meals on Wheels Volunteering | Men’s Coffee Hour | | Medicare Counseling | | |
| Medicine Reviews | Out-to-Lunch Bunch | | Pantry on Wheels | | |
| Piano with Pat | Reflexology | | Technology Assistance | | |
| Transportation | Volunteering | | Wood Carving Club | | |
| If you have another idea or topic, please explain here: | | | | | |

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 recognize MSHL uses 3rd party databases to store my information. I authorize MSHL to release the necessary information for emergencies, referrals, and audits. Yes No

*By signing below, I understand I participate at MSHL and with MSHL services at my own risk. I will hold Milan Seniors for Healthy Living harmless from any and all liability, claim, or demand of injury, illness, death, or property damage that may result from my participation in any and all activities or MSHL services.*

*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.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Intake: Staff Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_