

Registration Form

Last Name: _____ MI: _____

First Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Last 4 Digits of SSN: _____

Address: _____

Mailing Address: (if different) _____

Home Phone: _____ Cell: _____

Work: _____

Email Address: _____

Marital Status: S ___ M ___ D ___ W ___ Lives with: _____

Primary Language: _____

Ethnicity: (white/black/Asian/Hispanic/other ___)

Insurance: Medicare ___ Medicaid ___ Other ___ Gross Monthly Income: (from all sources) \$ _____

Emergency Contact (other than spouse) Name: _____

Relationship: _____ Phone: _____

How did you hear about us?

Registered Voter: Yes ___ No ___ If no, would you like a voter registration form? Yes ___ No ___

Are you a Veteran: Yes ___ No ___ Are you on Active Military Duty: Yes ___ No ___

Do you have any Veteran Family Members (includes deceased family members):
Yes ___ No ___

Are any of your family members on active Military Duty: Yes ___ No ___

*****would you like to be on the mailing list for our monthly newsletter? ___YES ___NO**

Proof of Age and Residency

The Sullivan County Office for the Aging requires proof of age (60 or older) and residency (must be a permanent resident of Sullivan County OR own and pay taxes on real property in Sullivan County) for registration.

Please provide the Office for the Aging with a COPY of one of the following forms of proof:

Proof of Age:

- Birth Certificate
- Driver's or Non-Driver's License
- Passport

Proof of Residency:

- Sullivan County voter ID card/voter registration form
- Driver's License (MUST have physical address)
- Sullivan County Property Tax Bill

-Or other official documents containing proof of date of birth and/or physical address approved by OFA Director.

Contributions

The Sullivan County Office for the Aging allows voluntary confidential contributions. All contributions are utilized to expand or support services offered in this office. If you would like to make a contribution, please see an Office for the Aging staff member.

FOR OFFICE USE ONLY

Proof of age and residency verified by:

Proof of Age:

- Birth Certificate
- Driver's or Non-Driver's License
- Passport
- Other official document(s) containing proof of date of birth and/or physical address: _____

Proof of Residency:

- Sullivan County Voter ID Card
- Driver's License (MUST have physical address)
- Sullivan County Property Tax Bill

SENT BY: _____

REGISTERED BY: _____ DATE: _____