



# MODERN MATURITY CENTER MEMBERSHIP APPLICATION

To become a member, please **FILL OUT THIS APPLICATION COMPLETELY** and submit it with your **MEMBERSHIP FEE** to Member Services.

New

Renewal

Lifetime

DATE: \_\_\_\_\_

VETERAN    Y    N

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
First Middle Initial Last

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Circle One) Cell Home

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Choose not to answer \_\_\_\_\_

Race:

- ☐ African American (non-Hispanic)  
☐ Hispanic  
☐ White  
☐ Choose Not to Answer

- ☐ Asian / Pacific Islander  
☐ Native American / Alaskan  
☐ Unknown

Marital Status: ☐ Single ☐ Married ☐ Widowed

Live Alone: ☐ Yes ☐ No

EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

.....

MEMBER SERVICES USE ONLY: MEMBER# \_\_\_\_\_ SCAN TAG# X \_\_\_\_\_



## Division of Services for Aging and Adults with Physical Disabilities

### **DETERMINE** Your Health Screening Tool

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

ALL APPLICATIONS FOR PARTICIPANTS OVER 60 **MUST** COMPLETE THE TOP SECTION.

The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk. Please read the statements below and circle the number in the **YES** column if those apply to you or someone you know. For each **YES** answer, score the number in the box. When completed, total your score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food that I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL: _____	

TOTAL YOUR NUTRITIONAL SCORE. IF IT IS –

0 – 2 **GOOD!** Recheck your nutritional score in **6 months.**

3 – 5 You are at MODERATE nutritional risk. See what can be done to improve your eating habits and lifestyle. Your Office on Aging, Senior Nutrition Program, Senior Citizens Center or Health Department can help. Recheck your nutritional score in **3 months.**

6 + You are at HIGH nutritional risk. Bring this checklist the next time you see your doctor, dietician or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

**Remember that warning signs suggest risk, but do not represent diagnosis of any condition.**