

Participant Information Form (PIF) 2020

Lewis County Seniors
Congregate Meals

Site: _____

Date of Intake: _____

Name: _____
Last First Middle

Date of Birth: _____
M/D/Year

Address: _____
Street

City Zip Code

Phone: _____

Ethnicity: Non-Hispanic Hispanic

Race: (check all that apply)

American Indian/Native Alaskan Hispanic White/Non-Hispanic

Asian Native/Hawaiian/other Pacific Islander

Black/African American Other: _____

Household Composition:

Lives Alone With other relative(s) other: _____

With domestic partner with parent(s) Declined to state

With non-relative(s) with spouse

Residence: Rural Urban

Gender: Female Male Other Unknown Declined to disclose

At or below 100% of FPL

Is participant's gross monthly income at or below FPL- Less than \$1,041 for a single person or \$1,409 for a couple? Yes No

OAA Eligibility Criteria:

Age 60+ Regular Volunteer Tribal Member (age 55-59)

Under age 60 disabled *living with* eligible senior Spouse of eligible senior

Not NSIP eligible (under age 60 employee)

Emergency Contact: _____

Name

Phone

Relationship

