

Participant Information Form (PIF) 2022

All data must be gathered and entered into CLC for Funding

Lewis County Seniors
Congregate Meals
Site: COVID EM Meal

Date of Intake: _____

Name _____
Last First Middle

Date of Birth: _____ / _____ / _____
Month Day Year

Address: _____
Street

City

Zip Code

Phone: _____

Ethnicity: Non-Hispanic Hispanic Other _____

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

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 \$1,132 for a single person or \$1,525 for a couple?
 Yes No

OAA Eligibility Criteria:

Age 60+ Regular Volunteer Tribal Member (age 60+)

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

Not NSIP eligible (under age 60 employee)

Emergency Contact: _____

Name

Phone

Relationship