# REGISTRATION FORM

# CONFIDENTIAL

**Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **M.I.** \_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Marital Status** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_

**D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender: □** Male **□** Female **□** Other **□** Unknown

**Sexual Orientation □** Straight **□** Lesbian **□** Gay **□** Bisexual □ Transgender □ Queer/Questioning □ Decline to Answer

**Ethnicity: Hispanic/Latino □** YES **□** NO

**Race □** African American **□** Native Hawaiian/Pacific Islander **□** American Indian/Alaskan Native

**□** Asian □ White (Hispanic & Non-Hispanic) □ Unknown

**Household Income** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (yearly / monthly) **Household #** \_\_\_\_\_\_\_\_\_\_\_\_ **Low Income** □ YES □ NO

**Please Answer the Following**

**How often do you feel you lack companionship?** □ Hardly Ever □ Sometimes □ Often

**How often do you feel left out?** □ Hardly Ever □ Sometimes □ Often

**How often do you feel isolated from others?** □ Hardly Ever □ Sometimes □ Often

**Do you currently have custody of the child □** YES **□** NO **□** In the process

If you are in the process of obtaining custody when will the process be complete? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do all recipients in your care currently live with you □** YES **□** NO

**Do you need assistance in finding resources □** YES **□** NO

**Complete page 2 for child recipient information**

**Page 1**

**Care Recipient**

**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender: □** Male **□** Female **□** Other **□** Unknown **Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the child live with you □** YES **□** NO **Your Relationship to Recipient** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity: Hispanic/Latino □** YES **□** NO

**Race □** African American **□** Native Hawaiian/Pacific Islander **□** American Indian/Alaskan Native

**□** Asian □ White (Hispanic & Non-Hispanic) □ Unknown

**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender: □** Male **□** Female **□** Other **□** Unknown **Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the child live with you □** YES **□** NO **Your Relationship to Recipient** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity: Hispanic/Latino □** YES **□** NO

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**D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender: □** Male **□** Female **□** Other **□** Unknown **Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the child live with you □** YES **□** NO **Your Relationship to Recipient** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity: Hispanic/Latino □** YES **□** NO

**Race □** African American **□** Native Hawaiian/Pacific Islander **□** American Indian/Alaskan Native

**□** Asian □ White (Hispanic & Non-Hispanic) □ Unknown

**Mail or Drop off Registration To:**

**AgeLinc**

**2731 S. MacArthur Blvd Springfield, IL 62704**

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