

Mat-Su Senior Services

APPLICATION FOR MEMBERSHIP

Membership is open to U.S. Citizens sixty (60) years of age or older. A membership card will be issued to new members. Renewals are updated each calendar year thereafter. *Dues are not pro-rated.*

Membership privileges include participation in the business of the Corporation; voting; newsletter mailed or e-mailed; serving on committees; and serving on the Board of Directors.

Please print:

Last name: _____ **First name:** _____

Mailing address: _____

Residence address: _____

Phone # _____ **Marital status:** _____ **Anniversary:** _____ **Date of Birth:** _____

E-Mail Address: _____

Would you like your Chatter newsletter e-mailed? Yes / No

Emergency contact information:

Name	Phone #
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Doctor's name	Doctor's phone #
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Special needs the Center should be aware of: _____

Do you have any children or other family in this area? Please list names, addresses and phone numbers:

Name	Address	Phone #
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Wavier of Liability

In consideration of participation in a class, trip or activity offered by the Mat-Su Senior Services, I, the below undersigned, agree to indemnify and hold MSSS harmless and hereby waive, release and discharge any and all claims for damage, injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against instructors from and against any liability out of or connected in any way with my participation in a class, trip or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in a class, trip or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on my behalf of me and to release and hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my heirs or assignees) for damages. It is further understood and agreed that this wavier, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns.

I have read and agree to registration and program policies. Further, I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for MSSS promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

If I violate these rules I will respect the decision of the board to terminate my membership:

As a member of Mat-Su Senior Services, I promise

- **To help the MSSS maintain the positive, friendly environment necessary for all members to learn and grow**
- **To treat members and guests with respect and courtesy**
- **To make a good faith effort to bring guests to meetings so they can see the services MSSS offers**
- **To adhere to the MSSS guidelines and rules**
- **To maintain honest and ethical standards while participating in MSSS services & activities**

Signature of applicant: _____ Date: _____

We would like to develop a membership directory for distribution among members. If interested, please check (X) what information you authorize us to include:

Your address () Your phone # () Your date of birth () Anniversary ()
I do NOT wish to have my information included ()

Consumer Characteristics

Please complete this form (at least) annually for Registered Services under the Older Americans Act. Data is critical for Federal Title III and State Funds. Unauthorized use is strictly prohibited. Information is protected by Privacy and Security Agreements. Names and identifiers are not shared. Complete information is important for service eligibility. *Thanks for complete information!*

Name: First _____ Initial _____ Last _____
 Birth Date _____ Date this form completed _____
Month Day Year Month Day Year

Address: No change-check here
Physical _____
Mailing (if different than physical address) _____
Community _____
 State **Alaska** _____ Zip _____
 Other _____
 Phone _____
 email _____
 Please check v
Do you live alone? Yes No
Gender: Female Male Other

Number in Home	Federal Income Guideline Year	Month	2.11.21
1	\$16,090	\$1,341	For each additional person with income, add \$ 5,680 / year
2	\$21,770	\$1,814	
3	\$27,450	\$2,288	
4	\$33,130	\$2,761	
5	\$38,810	\$3,234	

Is household income above
 OR at or below
 the above Income Guidelines for AK?

Emergency
 Contact _____
 Phone: _____

Total Score from Determine
Your Nutritional Health (required for HD meals)

If you use personal or stand-by assistance, supervision or cues, to perform the following activities, please check v the box.

Activities of Daily Living (ADLs)

Eating Bathing
 Dressing Toileting
 Walking
 Transferring in/out of bed/chair

Instrumental Activities of Daily Living (IADLs)

Preparing meals
 Shopping for personal items
 Medication management
 Managing money
 Using telephone
 Doing heavy housework
 Doing light housework
 Using available transportation

Ethnic Race

Alaskan Native/American Indian
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 Non-Minority (white, non-hispanic)
 White Hispanic
 Other

Minority Status

Minority
 Non-Minority
 Missing