



HARVEST YEARS SENIOR CENTER, INC.

30 SOUTH STREET, CAMDEN, DE 19934 PHONE: (302) 698-4285 – FAX: (302) 698-4286
E-MAIL ADDRESS: hysc@comcast.net WEBSITE: www.harvestyears.org

2024 ANNUAL DUES \$23.00

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ Rural or Non-Rural _____

PHONE# _____ CELL# _____

E-MAIL ADDRESS: _____

EMERGENCY INFORMATION:

Name: _____ Phone: _____ Relationship: _____

Doctor's Name: _____ Phone: _____

LIST ANY PHYSICAL/MENTAL PROBLEMS THAT THE CENTER NEEDS TO KNOW ABOUT:

NAPIS (National Aging Program Information System) Intake questions:

Living Arrangement: (circle one) Alone With someone

Marital Status: Married Widowed Single

Income Level: (circle one) Above poverty At or below poverty Refused to answer

(Circle one) Ethnic Group: African American, Hispanic, Asian, Non-Minority (White, not of Hispanic Origin)

Covid Shots: Yes or No Flu Shots: Yes or No Veteran: Yes or No

HOW DO YOU WANT YOUR NEWSLETTER? MAIL -- PICK UP -- ONLINE

If, mailed would you please donate extra towards the cost of postage? YES NO

WAIVER: I HEREBY RELEASE THE HARVEST YEARS SENIOR CENTER, INC. FROM ANY LIABILITY, OTHER THAN NEGLIGENCE, RESULTING FROM MY PARTICIPATING IN CENTER ACTIVITIES.

SIGNATURE: _____ DATE: _____

BELOW FOR OFFICE USE ONLY

Staff member - Initial all entries

Amount Paid _____ Date Paid _____ FOB# _____ Index _____

FOB # _____ Access _____ Senior Space _____

FORM OF PAYMENT: CASH CREDIT CARD _____ HARVEST YEARS GOLD CARD CHECK _____