



# 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](mailto:hysc@comcast.net) WEBSITE: [www.harvestyears.org](http://www.harvestyears.org)

**RENEWAL ANNUAL DUES \$25.00**

**2026**

<b>NAME</b>	<b>DATE OF BIRTH</b>		
<b>NAME</b>	<b>DATE OF BIRTH</b>		
<b>ADDRESS</b>			
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>Rural or Non-Rural</b>
<b>PHONE#</b>			
<b>E-MAIL ADDRESS:</b>			
<b>EMERGENCY INFORMATION:</b>			
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>	
<b>Doctor's Name:</b>			
<b>Phone:</b>			
<b>LIST ANY PHYSICAL/MENTAL PROBLEMS THAT THE CENTER NEEDS TO KNOW ABOUT:</b>			

**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) Ethic 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:** \_\_\_\_\_

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**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 \_\_\_\_\_**