



Welcome!

Welcome to Bugbee! By registering, you're helping to keep Bugbee Membership free for all older adults! Attendance and community demographics are important for our funding sources and program development. **Your information is kept strictly confidential and is only accessed by authorized staff and agency partners.** Please complete the form and return it to the main office. You can also finish this form online at bugbeecenter.org/member. By mail: 262 North Main Street, White River Jct, VT 05001.

First Name MI Last Name

_____/_____/_____
Date of Birth

(This is required for membership at Bugbee, as we must report on our demographics to funders.)

☐ Check here if you would like to keep your birthdate private, and we won't recognize your birthday in public.

Mailing Address Home Phone

City/Town State Zip Cell Phone

Physical Address (if different from mailing address) Gender

Email Address

I would like to receive the Bugbee Bulletin: ☐ by email and/or ☐ by mail.

Emergency Contact Name Emergency Contact Relationship Emergency Contact Phone

Disabilities, allergies, accessibility requests: _____

Household: ☐ I live alone ☐ I live with someone/others

Are you a veteran? ☐ Yes ☐ No

Marital Status (please check one): ☐ Single ☐ Married ☐ Widowed
☐ Divorced ☐ Separated ☐ Domestic Partner

May we use photos of you in our publicity materials? ☐ Yes ☐ No

☐ I plan on attending a meal at Bugbee. **IMPORTANT:** Senior Solutions is our Area Agency on Aging, and they provide funding for your meals at Bugbee when you complete the rest of this form. By taking just an extra minute for these last few questions, it helps keep the suggested donation low for everyone, and it means we can serve more meals!

Office use:

Key Card # _____ Date rec'd: _____ ☐ MSC





Community Meals Program Sign Up

Senior Solutions • 38 Pleasant Street, Springfield, VT 05156

www.seniorsolutionsvt.org • info@seniorsolutions.org • 802-885-2655

Thank you for completing this document which collects information that is required for state and federal financial support of your meals. You only need to complete this form once per year, no matter how many meals or meal sites you attend.

Race (please check all that apply):

- ☐ White/Caucasian
- ☐ Indigenous/Native American
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Latino
- ☐ Unknown/Prefer Not to Answer

Ethnicity (please check one):

- ☐ Not Hispanic or Latino
- ☐ Hispanic or Latino
- ☐ Unknown/Prefer not to answer

Please check the box in the table below that best represents your usual monthly income, for the number of people living in your home..

One Person	Under \$1330 ☐	\$1330 or more ☐
Two People	Under \$1,804 ☐	\$1804 or more ☐
Three+ People	Under \$2,277 ☐	\$2,277 or more ☐

Please answer to the best of your ability.	Yes	No
Have you made any changes in lifelong eating habits because of health problems?	☐	☐
Do you eat fewer than two meals per day?	☐	☐
Do you eat less than five (5) servings (1/2 cup each) of fruit or vegetables every day?	☐	☐
Do you eat less than two (2) servings of dairy products (such as milk, yogurt or cheese) every day?	☐	☐
Do you have trouble eating due to problems with chewing/swallowing?	☐	☐
Do you sometimes not have enough money to buy food?	☐	☐
Do you eat alone most of the time?	☐	☐
Do you take three or more different prescribed or over-the-counter medications per day?	☐	☐
Without wanting to, have you lost or gained 10 pounds or more in the past six months?	☐	☐
Are there times when you are not always physically able to shop, cook and/or feed yourself (or to get someone to do it for you)?	☐	☐
Do you have three or more drinks of beer, liquor, or wine almost every day?	☐	☐

Would you like a free consultation with a Senior Solutions Registered Dietician?

- ☐ Yes, have them call me ☐ No thanks