



Senior Center Without Walls

An ESC Senior Resources Program

Registration Form

NAME: _____ PHONE: _____

ADDRESS: _____

COUNTY: _____ EMAIL: _____

Do you prefer to have information sent by: U.S. Mail Email

DATE OF BIRTH: _____ PRIMARY LANGUAGE/S: _____

GENDER:

Male Female Other Prefer Not to Answer

SEXUAL ORIENTATION:

Heterosexual/Straight Gay/Lesbian Bisexual

Prefer Not to Answer Other: _____

ETHNICITY:

Caucasian/White Asian/Pacific Islander

Black/African-American Latino Native American/Alaskan Native

Prefer Not to Answer Other: _____

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____

Including you, how many people are 60 years or older? _____

INCOME LEVEL:

Under \$16,500 \$16,500 - \$26,043 \$26,043 - \$50,000

\$50,000 - \$90,000 Over \$90,000 Prefer Not to Answer

DO YOU REGULARLY MANAGE THE FOLLOWING PHYSICAL ISSUES?

(check all that apply)

Need assistance to walk (use cane, walker, wheelchair)

Low Vision or Legally Blind

Hard of Hearing

Unable to drive

Are there any other issues we should know about? _____

HOW DID YOU HEAR ABOUT SENIOR CENTER WITHOUT WALLS?

Please send your completed Registration Form to:

**Mail: Senior Center Without Walls
114 Montecito Avenue
Oakland, CA 94610**

Fax: (510) 444-5977

Email: info@seniorcenterwithoutwalls.org

**If you have any questions, or would prefer to register by
phone, please call us toll free:**

(877) 797-7299