# Senior Services Enrollment Form

**Purpose:** This form is designed to assist residents in registering for community-based programs and services targeted towards older adults, promoting wellbeing, engagement, and support.

## Participant Information

**Full Name:** {fullName}

**Date of Birth:** {dateOfBirth}

**Address:** {address}

**Phone Number:** {phoneNumber}

**Email:** {email}

**Emergency Contact:** {emergencyContactName} - {emergencyContactPhone}

## Program Information

**Selected Program(s):**

{#programs}

* {programName} - *{programDescription}*

{/programs}

## Health Information

**Primary Physician:** {physicianName}

**Medical Conditions:** {medicalConditions}

{#$ allergies}

**Allergies:** {allergies}

{/}

{#$ !allergies}

**Allergies:** None reported

{/}

## Transportation Needs

{#needsTransportation}

Transportation assistance is requested.

{/needsTransportation}

{^needsTransportation}

No transportation assistance needed.

{/needsTransportation}

## Household Members (if applicable)

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Age** |
| {#householdMembers}{name} | {relationship} | {age}{/householdMembers} |

## Consent & Signature

I, **{fullName}**, consent to participate in the selected senior community services and allow the organization to retain my data for program coordination purposes.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** {submissionDate}