



Membership/Participation Application Form

New Membership Renewal

First Name	Middle Initial	Last Name
------------	----------------	-----------

PRIMARY CENTER SELECTION

Encore Experiences in Harleysville The PEAK Center in Lansdale

TYPE OF MEMBERSHIP/PARTICIPATION

Individual Membership (\$40) Lifetime Individual Membership (\$250)
 Couple Membership (\$65) Lifetime Couple Membership (\$400)
 Participant
 I would like to make an additional, tax-deductible donation in the amount \$ _____

APPLICANT INFORMATION Please complete this entire section.

Date of Birth (mm/dd/yyyy) / /	Social Security (last 4 digits) XXX/XX/____	Nickname (if applicable)
-----------------------------------	--	--------------------------

Home Phone	Cell Phone
------------	------------

Email

Address	Apt. #
---------	--------

City	State	Zip
------	-------	-----

County	Township/Borough	Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------	------------------	--

Is the address above your mailing address? Yes No
 If NO, what is your mailing address?

Do you live in a rural area?
 Yes No

Address	Apt. #
---------	--------

City	State	Zip
------	-------	-----

BIRTH GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	GENDER IDENTITY <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ <input type="checkbox"/> Choose not to disclose	VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other _____
---	--	---	--

ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to disclose	RACE (Check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Biracial
---	---	--

CONTINUED ON BACK ➔

EMERGENCY CONTACT

Please complete this entire section.

Full Name

Relationship

Full Address

Primary Phone

Secondary Phone

Email

TELL US MORE ABOUT YOURSELF

This section is optional, but it does help us know more about our members.

Do you belong to a faith community? Yes No If yes, which one? _____

Do you currently volunteer in the community or did you in the past? Yes No

If yes, where? _____

Would you be interested in volunteering at one of our centers? Yes No

Would you be interested in teaching a class at one of our centers? Yes No

What is your favorite hobby? _____

Do you have online access to attend virtual classes? Yes No

How did you hear about us? Member Website Internet Search Facebook Instagram

YouTube Word of Mouth Flyer Other _____

NEWSLETTER

Please complete this section if you have a paid membership.

A benefit of paid membership is the printed newsletter. We also have an electronic version. Please indicate how you prefer to receive the newsletter. Mailed Pick Up at Center Electronic ONLY

RELEASES

Please complete this entire section.

You may take photographs or videos of me for use in marketing and promotional purposes in print or online.

Yes No

DISCLAIMER & WAIVER OF LIABILITY: Greater Harleysville and North Penn Senior Services, the parent organization to Encore Experiences and The PEAK Center, welcomes all individuals regardless of race, color, nationality, religion, disability, sex, or sexual orientation. Members and Participants engage independently in all services, activities and programs, at will. As such, I hereby release GHPSS and their class instructors from any liability resulting from my voluntary involvement.

Member/Participant Signature _____ Date _____

FOR OFFICE USE ONLY

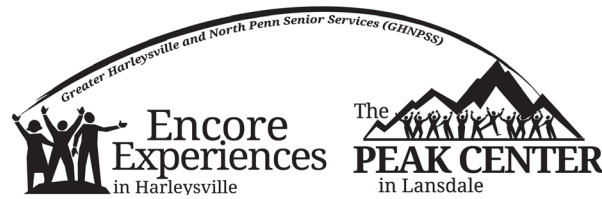
REV-2024

Amount Paid \$ _____ Cash Check # _____ Credit (last 4) _____

Entered into CoPilot by _____ Date Entered _____

Scan Card Given? Yes No Scan Card Number: _____

Coupon Sheet Given? Yes No Membership Term: ____/____/____ to ____/____/____



Greater Harleysville and North Penn Senior Services

Member/Participant Code of Conduct

Greater Harleysville and North Penn Senior Services (GHPSS) welcomes all people regardless of race, nationality, color, disability, religion, gender, sexual orientation, or gender identity. By being on the premises and participating in programs and services offered at Encore Experiences and/or The PEAK Center, it is expected that individuals will abide by the following code of conduct:

- Member/Participant will treat other members, participants, volunteers, staff, and guests with respect and will be courteous and behave in a socially appropriate manner.
- Member/Participant will not be intolerant or voice hateful speech.
- Member/Participant will not use profanity or engage in degrading comments or language that is considered abusive, threatening, loud, insulting, or harassing.
- Member/Participant will not bully, harass or display any disruptive behavior including fighting or encouraging others to fight.
- Member/Participant will not steal from the Center or other members, participants, volunteers, staff, or guests.
- Member/Participant will not bring any illegal drugs, alcohol, or weapons of any kind to Encore Experiences or The PEAK Center, whether on the grounds or inside the building.
- Member/Participant will not damage, deface, or destroy an item or property owned or leased by GHPSS (including Encore Experiences and The PEAK Center).

If the member's/participant's behavior violates any of the codes of conduct listed above, or if they are disruptive in any way to the programs or services offered by Encore Experiences or The PEAK Center and/or deemed inappropriate or pose a threat to one's own safety or the safety of others, the member/participant may be asked to immediately vacate the premises. Depending on the severity of the offense, the member/participant may be immediately suspended from further engagement from any program, service, or location as deemed appropriate by management, who reserves the right to enforce immediate disciplinary actions. Appeals may be made in accordance to GHPSS' grievance policy.

Member/Participant Signature

Date



**ONLY REQUIRED IF
YOU EAT THE
CONGREGATE MEALS
AT ENCORE OR PEAK.**

NAT-E Nutrition Assessment Form

CONSUMER INFORMATION

(Please print and complete this entire section.)

Today's Date (mm/dd/yyyy) / /	First Name	Last Name	Date of Birth (mm/dd/yyyy) / /
----------------------------------	------------	-----------	-----------------------------------

- 1). Is your annual income less than the current federal poverty guidelines?
Single: \$15,060/yr. OR \$1,255/mo.
Married: \$20,440/yr. OR \$1,703/mo.
 Yes No Unknown
- 2). Do you have Medicaid? Yes No
- 3). Do you have Medicare? Yes No
- 4). Do you have any other health insurance plan such as an Advantage Plan, Medigap or other government plan? Yes No
If YES, please list the name:

- 5). Do you participate in any of these programs? *(check all that apply)*
 Food Stamps/SNAP
 LIHEAP (assistance with heating bills)
 PACE
 Section 8 / Subsidized Housing
 TransNet Rider
 PA Property Tax/Rent Rebate
 Weatherization of Home (gov't program)
- 6). Which type of housing best describes where you live?
 Assisted Living Personal Care Home
 Apartment Relative's Home
 Domiciliary Care Rehab Facility
 Group Home State Institution
 Own Home Homeless
 Other _____
- 7). What is your living situation?
 Live alone
 Live with spouse only
 Live with your child(ren) but not spouse
 Live with other family members
 Other _____
- 8). Is/was your spouse a veteran? Yes No
- 9). Are you receiving any veterans' benefits?
 Yes No
- 10). Do you require any communication assistance?
 Yes No
If YES, what kind?

- 11). What is your primary language?
 English Spanish
 Korean Chinese
 Sign Language (type) _____
 Other _____
- 12). Are you disabled?
 Yes No Not Collected
- 13). Is your mailing address the same as your residential address? Yes No
If NO, what is your mailing address?

- 14). Our congregate meal program is partly funded by the County. Because of that, we need to offer you a way to register to vote, if you choose. Please select an answer below:
 Does not meet voter requirements (citizenship, etc.)
 Decline application
 Already registered (declined application)
 Would like a voter registration form to submit
 No response

CONTINUED ON BACK →

NUTRITION INFORMATION

(Please print and complete this entire section.)

- 1). Do you generally have a good appetite?
 Yes No
- 2). Do you use a dietary supplemental drink like Boost or Ensure? Yes No
- 3). Do you have any FOOD allergies?
 Yes No
If YES, what foods?

- 4). Do you follow a special diet for medical reasons? Yes No
- 5). Do you follow a special diet for religious or cultural reasons? Yes No
- 6). Has there been a change in your lifelong eating habits because of a health problem?
 Yes No
- 7). Do you eat fewer than 2 meals a day?
 Yes No
- 8). Do you eat less than 2 servings of dairy products per day on average (cheese, milk, yogurt, ice cream, cottage cheese, etc.)?
 Yes No
- 9). Do you eat less than 5 servings (2.5 cups) of fruit and vegetables per day? This may include orange juice, salad and any fruit you eat as a snack or with a meal.
 Yes No
- 10). Do you consume 3 or more alcoholic drinks per day on average?
 Yes No
- 11). Do you have any trouble eating because of a chewing or swallowing problem?
 Yes No
- 12). Do you ever feel as if you do not have enough money to buy food? Yes No
- 13). Do you eat alone most of the time?
 Yes No
- 14). Do you take 3 or more medications per day? This includes prescriptions, over the counter medicines, vitamins, minerals, herbs, etc.
 Yes No
- 15). In the last 6 months, have you:
 Stayed the same weight
 Lost 10 pounds
 Gained 10 pounds
 Don't know
- 16). Do you ever feel that you are not physically able to grocery shop, cook or feed yourself, OR get someone to help you?
 Yes No
- 17). Did someone help you complete this survey?
 Yes No
If YES, please have them sign their name below:

FOR OFFICE USE ONLY

NAT-E_2024

Entered into database by _____ Date entered _____

Notes: _____



LEFTOVER AND TAKEOUT FOOD WAIVER

By signing this waiver, I, _____
release **Greater Harleysville and North Penn Senior Services** and **Montgomery County Office of Senior Services** from any liability with regard to possible spoilage or food-borne illness from food removed from the site.

I am aware that the safe removal of the food from the above Site and the storage of the removed food is my sole responsibility.

(signature)

Consumer: _____

Date: ____/____/____