



Membership/Participation Application Form

PRIMARY CENTER SELECTION

- ☐ Encore Experiences in Harleysville ☐ The PEAK Center in Lansdale

TYPE OF MEMBERSHIP/PARTICIPATION

Make checks payable to: **GHNPS**

- ☐ 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

First Name	Middle Initial	Last Name
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?

Address	Apt. #	
City	State	Zip

GENDER IDENTIFICATION

- ☐ Male
☐ Female

VETERAN

- ☐ Yes
☐ No

MARITAL STATUS

- ☐ Married ☐ Widowed ☐ Divorced
☐ Single ☐ Other _____

ETHNICITY

- ☐ Hispanic
☐ Non-Hispanic
☐ Refused

- RACE** (Check all that apply) ☐ American Indian/Native Alaskan ☐ Asian
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander
☐ Non-minority (White, non-Hispanic) ☐ White-Hispanic ☐ Biracial

CONTINUED ON BACK ➡

EMERGENCY CONTACT

Full Name	Relationship	Full Address
Home Phone	Cell Phone	
Email		

TELL US MORE ABOUT YOURSELF

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 _____

RELEASES

I give my permission to use my image in photographic or video form for marketing and promotional purposes in print or online.

☐ Yes ☐ No

DISCLAIMER: 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 _____

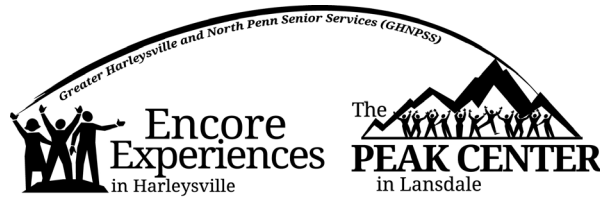
FOR OFFICE USE ONLY

PMF-2022

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

Entered into CoPilot by _____ Date Entered _____

Scan Card Given? ☐ Yes ☐ No Scan Card Number _____



Greater Harleysville and North Penn Senior Services

Member/Participant Code of Conduct

Greater Harleysville and North Penn Senior Services (GHNPS) 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 GHNPS (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 GHNPS' grievance policy.

Member/Participant Signature

Date

NAT-E NUTRITION ASSESSMENT TOOL EASY

PLEASE PRINT ALL ANSWERS AND TURN THE COMPLETED FORM IN AT THE FRONT DESK,
THANK YOU!

1. Today's date _____

2. Last Name _____

3. First Name _____

4. Date of Birth _____

5. Gender:

☐ Male ☐ Female ☐ Other

6. Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Unknown

7. Race:

☐ American Indian/Native Alaskan

☐ Asian

☐ Black/African America

☐ Native Hawaiian/Other Pacific Islander

☐ White/non- Hispanic

☐ White/Hispanic

☐ Unknown/Unavailable

☐ Other

8. Last four digits of your Social Security
Number ____ _

9. Is your annual income less than the
current federal poverty guidelines?

Single: \$12,880/yr. or \$1,073/mo.

Married: \$17,420/yr. or \$1,452/mo.

☐ YES ☐ NO ☐ UNKNOWN

10. Do you have Medicaid? ☐ YES ☐ NO

11. Do you have Medicare? ☐ YES ☐ NO

12. 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:

13. Do you participate in any of these
programs?

SNAP/Food Stamps

☐ YES ☐ NO

LIHEAP (assistance with heating bills)

☐ YES ☐ NO

PACE

☐ YES ☐ NO

Section 8/Subsidized Housing

☐ YES ☐ NO

TransNet Rider

☐ YES ☐ NO

PA Property Tax/Rent Rebate

☐ YES ☐ NO

Government program to weatherize
your home

☐ YES ☐ NO

14. Your type of housing. Please check the
one that best describes where you live.

☐ Assisted Living

☐ Apartment

☐ Domiciliary Care

☐ Group Home

☐ Own Home

☐ PCH - Personal Care Home

☐ Relative's Home

☐ Rehab facility

☐ State Institution

☐ Homeless

☐ Other _____

15. Living Situation:

- ☐ Live alone
☐ Live with spouse only
☐ Live with your child(ren) but not spouse
☐ Live with other family members
☐ Other _____

16. Marital Status:

- ☐ Single
☐ Married
☐ Divorced
☐ Legally Separated
☐ Widowed
☐ Other _____

17. Are you a veteran? ☐ YES ☐ NO

18. Is/was your spouse a veteran?

- ☐ YES ☐ NO

19. Are you receiving any veterans' benefits?

- ☐ YES ☐ NO

20. Do you require any communication assistance? ☐ YES ☐ NO

If YES, what kind?

- ☐ Assistive Technology
☐ Interpreter
☐ Other _____

21. What is your primary language?

- ☐ English ☐ Spanish
☐ Korean ☐ Chinese
☐ Other _____

22. Are you disabled?

- ☐ YES ☐ NO ☐ Not collected

23. Is your mailing address the same as your residential address? ☐ YES ☐ NO

If they are different, please enter your mailing address:

24. What county do you live in?

- ☐ Montgomery ☐ Bucks
☐ Other _____

25. Home address with zip code:

26. Is this a rural area? ☐ YES ☐ NO

27. Primary Phone Number:

28. Mobile Phone Number:

29. Emergency Contact Name:

Relationship of Emergency Contact:

Emergency Contact Phone Number:

30. Our 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 the answer below:

- ☐ Decline application
☐ Decline application-already registered
☐ I would like a voter registration form to submit myself.
☐ No response

NUTRITION QUESTIONS

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. When you think of all the dairy products you eat on an average day (including cheese, milk, yogurt, ice cream, cottage cheese, etc.), do you eat 2 servings per day on average?
☐ 2 servings per day
☐ Less than 2 servings per day
☐ More than 2 servings per day

9. When you think of all the fruit and vegetables you eat on an average day, do you eat 5 servings each day?
(A serving size is ½ cup) You can include orange juice, salad, and any fruit you might eat as a snack or with a meal.
☐ 5 servings per day
☐ Less than 5 servings per day
☐ More than 5 servings per day

10. Do you have 3 or more drinks of beer, wine or liquor almost every day?
☐ 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 each day? This includes prescriptions, over the counter medicines, vitamins, minerals, herbals, 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 physically not able to grocery shop, cook or feed yourself OR get someone to help you?

☐ YES

☐ NO

If YES, please explain briefly.

If someone helped you complete this survey, please have them sign and date here.



LEFTOVER AND TAKEOUT FOOD WAIVER

By signing this waiver, I, _____
release **ENCORE EXPERIENCES SENIOR CENTER** and
Montgomery County 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.

Consumer: _____
(signature)

Date: ____/____/____