

 <p style="text-align: center;">Welcome to University Settlement LEARN</p>	<p>FREE_____ SHIP _____ NDA_____ OAK_____ STEHP_____ RM _____ Staff: _____ Walk-In _____ Call In: _____</p>	<p>Program:</p> <p><input type="checkbox"/> HeART <input type="checkbox"/> Meltzer <input type="checkbox"/> Neighborhood Center <input type="checkbox"/> Project Home <input type="checkbox"/> Village View <input type="checkbox"/> Support for Homebound</p>	<p>Date:</p> <p>_____</p>
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*Last Name 姓氏:		*First Name 名字:		*DOB 出生日期:	*Gender 性別:
*Address 街道地址:			Apt#/Floor 房間號:	City & State 城市, 州:	Zip Code 郵區:
*Phone # 電話號碼:		*Cell # 手機號碼:		*Email 電子郵件:	
*Number in household 家庭人口:	Level of Education 教育水平:	U.S. Citizen 是否美國公民 <input type="checkbox"/> Y 是 <input type="checkbox"/> N 否	Type of Health Insurance 健康保險:	*Languages spoken 語言:	Country of origin: 出生國家:
Ethnicity 族裔: <input type="checkbox"/> Hispanic 西班牙語裔 <input type="checkbox"/> Non-Hispanic 非西班牙語裔		Race 種族: <input type="checkbox"/> African 非裔 <input type="checkbox"/> African-American 非裔美國人 <input type="checkbox"/> Afro-Caribbean 非裔加勒比人 <input type="checkbox"/> Asian 亞裔 <input type="checkbox"/> American-Indian 美洲印第安人 <input type="checkbox"/> Caucasian 高加索白人 <input type="checkbox"/> Mixed Race 混血 <input type="checkbox"/> Other 其他			Veteran Status 退伍軍人狀況: <input type="checkbox"/> Veteran 本人 <input type="checkbox"/> Spouse veteran 退伍軍人配偶 <input type="checkbox"/> Disabled Veteran 殘障退伍軍人
Marital Status 婚姻狀況: <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Divorced 離婚 <input type="checkbox"/> Domestic Partner 同居 <input type="checkbox"/> Separated 分居 <input type="checkbox"/> Widow 喪偶 <input type="checkbox"/> Single 單身 <input type="checkbox"/> Never Married 從未結婚			Income Sources 收入來源: <input type="checkbox"/> SSA/SSD 社安退休金/福利 <input type="checkbox"/> SSI 社安補助金 <input type="checkbox"/> Pension 退休金 <input type="checkbox"/> Un/Employment 工作收入/失業金		Annual Income 年收入:
*Emergency Contact 緊急聯繫人 Name 姓名:			Relationship to you 關係:	Phone # 電話號碼: Cell # 手機號碼:	

HOW DO YOU KNOW OF US 你是如何知道我們項目的

SELF/REFERRAL, WORD OF MOUTH (WHO) 自己聽說或者別人推介 (誰推介?): _____

OTHER SETTLEMENT PROGRAM 其他項目推介 (哪個項目?): _____

OUTSIDE AGENCY 外部其他機構推介(哪個機構?): _____

*** PHOTO WAIVER 照片豁免**

I understand I may be photographed, interviewed or otherwise recorded during program activities and special events and give permission for me to be photographed, interviewed or otherwise recorded solely for non-profit, non-commercial purposes of the program.

我理解在項目活動過程中，我可能會被拍照、採訪或者錄像，我允許進行照片、採訪或錄像，僅用於長者藝文健康活動計劃推廣等非盈利性、商業性目的。

Yes, I give my permission 是的，我允許 No, I do not give my permission 不，我不允許

Signature of the Participant 簽名: _____ **Date 日期:** _____

*** MEDICAL CARE AND EMERGENCIES 醫療保健和緊急情況**

I understand that there are no on-site medical practitioner and any participant with medication must administer it themselves. In the event of medical emergencies, I authorize University Settlement staff to request assistance from paramedics and I consent to any emergency treatment by a duly licensed hospital, clinic, or doctor.

我明白社區中心沒有現場醫療人員，我授權工作人員在必要時為我獲取急診醫療救治，並同意接受任何有執照的醫院、診所或醫生的緊急治療。

Yes, I give my permission 是的，我允許 No, I do not give my permission 不，我不允許

Signature of the Participant 簽名: _____ **Date 日期:** _____

*** CLIENT INFORMATION RELEASE 信息披露**

I hereby authorize the staff of the **LEARN @ University Settlement Houston Street Center Senior HeART program** to act on my behalf in obtaining or releasing information about me to other agencies and individuals in negotiating for services or entitlements for me.

I understand that this information may be requested by, and shared with, governmental agencies, which oversee programs supported by public funds.

我在此授權大學睦鄰之家豪斯頓社區中心長者藝文健康活動計劃的工作人員代表我在必要時獲取或向其他機構/個人共享有關我的信息，為本人爭取相關服務或權益。

我明白，這些信息可能會被負責監督公共資金支持項目的政府機構要求提供並與之共享。

Signature of the Participant 簽名: _____ **Date 日期:** _____