



Highland Valley
ELDER SERVICES

- New Termination
Change One Time Meal

Dining Center Enrollment Form

Effective Date: _____

Regular Meal Diabetic Meal

D.C. Code: _____ D.C.C. Initials: _____

Client Name: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ Date of Birth: _____

Do have any **MAJOR** known food allergies? Yes No

If yes, what foods? _____

REQUIRED

Gender: Male Female

Minority: Asian Black
Cape Verdean Hispanic
Alaskan Native/American Native

Lives with: Alone Spouse
Spouse and Family Family
Non-Family

Optional

Income: Less than \$14,581
More than \$14,580