# REGISTRATION FORM

## WINTER 2020 Term: January 6 – April 3

Register by mail, email, or call us and we’ll be happy to register you over the phone.

*If you’re renewing, you can just fill out your name, current income, and any updates you may have.*

**Mail:** LCWW, c/o Family Eldercare, 1700 Rutherford Ln., Austin, TX 78754  
**Email:** lcww@familyeldercare.org  
**Phone:** (512) 483-3575

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
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<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
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**Phone number you want to use for sessions:**

<table>
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<th>Email:</th>
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**Marital Status:** ☐ Married ☐ Widow ☐ Divorced ☐ Single ☐ Separated  
**Military Veteran:** ☐ Yes ☐ No

**Ethnicity/Race:** ☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian ☐ Other: _____________________________  
**Gender:** ☐ Female ☐ Male ☐ Decline

**Monthly Income Amount:** $__________  
**Source of Income:** (example: Social Security, SSI, pension) ______________________________________________

*These income questions help us determine your registration fee and provides information requested by our grant funder.*

**Do you live:**  
☐ Alone ☐ With spouse ☐ With spouse & other family ☐ With family, not spouse  
☐ With full-time caregiver ☐ Assisted living facility ☐ Nursing facility ☐ Other: _____________________________

**Do you:**  
☐ Own your home ☐ Rent your home ☐ Live in subsidized housing

**Do you have any of the following impairments?**  
**Mobility:** ☐ Cane ☐ Walker ☐ Manual wheelchair ☐ Power wheelchair/scooter  
**Hearing:** ☐ Low hearing ☐ Deaf  
**Vision:** ☐ Low vision ☐ Blind  
**Other pertinent health information:**

**Emergency Contact:**  
Name:  
Relationship:  
Contact info (phone/email):

**Please tell us about your interests and hobbies:**

**Do you have a computer or tablet?** ☐ Yes ☐ No  
**Do you use the internet?** ☐ Yes ☐ No

**Please list activities you use the computer for:**
SESSION SELECTION
WINTER 2020 Term: January 6 – April 3

Below are the sessions for our WINTER 2020 term. Please select the sessions you want to register for and send back, so that we can get you registered. Please use the enclosed calendar to mark the sessions you’ve registered for, to help you keep track.

- Across the Miles
- America’s National Parks
- Armchair Traveling
- BINGO
- Brain Aerobics
- Coffee Talk
- End of Life & Religion
- Fashion Forward/
  Bullock Texas Museum Tour
- Gratitude
- Honoring MLK, Jr.
- Inner Peace: Finding Calm Amid Life’s Chaos
- Levi Strauss/Contemporary Jewish Museum Tour
- Living Well with Vision Loss
- Medicare Minutes
- Memorial Service
- Movie Chat
- Name That Tune
- NASA
- New Active Older Adult
- 100th Suffrage Anniversary
- Oscar Winners
- Pet Talk
- Share & Learn
- Spring 2020 Sneak Peek
- Stay Strong
- Story Café
- Support Group on Loss
- Through Eyes of Impressionists/
  Minneapolis Institute of Art Tour
- Tricks & Pranks
- Without Walls Programs
- Woman’s Light/
  South Carolina Museum Tour
- Women Who Changed the World
- Writing Workshop

For office use only:
☐ G  ☐ RC  ☐ U  ☐ Pmt  ☐ WL
☐ AASC  ☐ Excel
PAYMENT FORM
WINTER 2020 Term: January 6 – April 3

I am registering: (Please check one.)

☐ Myself  ☐ On behalf of a parent  ☐ On behalf of a spouse
☐ On behalf of a friend  ☐ Other:__________________________________________

If you are submitting this form on someone’s behalf, please include your information:
First Name: ___________________________  Last Name: ___________________________
Email: ________________________________  Phone Number: __________________________
Mailing Address: ________________________
City: ___________________________  State: _____  Zip Code: __________________________

Registration Fee: (Please check one.) **This fee will be waived during the coronavirus (COVID-19) outbreak to make our program more accessible.**

☐ $0  There is no registration fee if your income is less than 200% of the Federal Poverty Limit (for individuals, this is less than $2,127/month; for couples, this is less than $2,873/month) and you live in Travis or Williamson County, Texas.

☐ $10  This is the registration fee if you do not meet our low-income eligibility guidelines or you do not live in Travis or Williamson County, Texas. This fee allows you to register for unlimited sessions.

Registration Payment Type: (Please check one.)

☐ Check  ***Please make check payable to “Family Eldercare” and on memo line, write “LCWW Registration Fee.”

☐ Money Order

☐ Credit Card

Please circle credit card type:  Visa   American Express   MasterCard   Discover

Credit card number: __________________________________________________________

Expiration Date: ____________________________________________________________

3-digit security code on back of card: __________________________________________

Name as it appears on card: ___________________________________________________

Signature: __________________________________________________________________

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