

**REGISTRATION FORM**

**Winter 2024: January 1 – March 31**

**Please complete and return by mail, email, or call us with your registration.**

*\*If you're renewing, you may 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](mailto:lcww@familyeldercare.org)








**PHONE:** (888) 500-6472

<b>Name:</b>		<b>DOB:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
		<b>County:</b>
<b>Phone number you want to use for sessions:</b>		
<b>Email (required for video sessions):</b>		
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated		<b>Military Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity/Race:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____		<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline
<i>These income questions help us with our grant reporting.</i>		
<b>Monthly Income Amount:</b> \$ _____		
<b>Source of Income:</b> (example: Social Security, SSI, pension) _____		
<b>Do you live:</b> <input type="checkbox"/> Alone <input type="checkbox"/> With spouse/partner <input type="checkbox"/> With family <input type="checkbox"/> Residential care facility (assisted living, nursing home, etc.)		
<b>Do you have any of the following impairments?</b>		
<b>Mobility:</b> <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <b>Hearing:</b> <input type="checkbox"/> Low hearing <input type="checkbox"/> Deaf <b>Vision:</b> <input type="checkbox"/> Low vision <input type="checkbox"/> Blind		
<b>Emergency Contact:</b>		
Name:		Relationship:
Contact info (phone/email):		
<b>Please tell us about your interests and hobbies:</b>		
<b>Do you have a computer or tablet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Do you use the internet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>These questions help us understand our participants and evaluate our program's mission.</i>		
<b>How often do you feel that you lack companionship?</b> <input type="checkbox"/> Hardly ever <input type="checkbox"/> Some of the time <input type="checkbox"/> Often		
<b>How often do you feel left out?</b> <input type="checkbox"/> Hardly ever <input type="checkbox"/> Some of the time <input type="checkbox"/> Often		
<b>How often do you feel isolated from others?</b> <input type="checkbox"/> Hardly ever <input type="checkbox"/> Some of the time <input type="checkbox"/> Often		
<b>How did you hear about us?</b>		
<b>If you connect to our sessions by phone, your first name and phone number will be visible to participants who connect by video. Are you okay with this?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		

## SESSION SELECTION

### Winter 2024: January 1 – March 31

Select the sessions that you want to join. All sessions are available by phone. \*\*For sessions that also incorporate video (noted with the  icon), select if you will be joining by video or phone.

- Across the Miles
- Alzheimer’s Association Educational Series 
  - Phone     Video
- Armchair Traveling 
  - Phone     Video
- Art Workshop 
  - Phone     Video
- BINGO (*currently a waitlist*)
- Book Club
- Brain Aerobics
- Coffee Talk
- Famous Faces & Places
- Get to Know LCWW
- Gratitude
- Grief & Loss Support Group
- Health & Wellness Series 
  - Phone     Video
- Historical True Crime 
  - Phone     Video
- Honoring Dr. Martin Luther King
- Living Well with Vision Loss
- Medicare Minutes
- Movie Chat
- Museum Tour: Fashioning San Francisco 
  - Phone     Video
- Museum Tour: First Light & Radiant Practices 
  - Phone     Video
- Name That Tune
- Opera Goes to the Movies
- Orpheus Music Recital
- Spring 2024 Sneak Peek
- Story Café
- Trivia & Brain Teasers

For office use only:

- G    RC    D    WL \_\_\_\_\_  
 AASC    Excel