



Highland Valley
ELDER SERVICES

☐ New

☐ Termination

☐ Change

☐ One Time Meal

Dining Center Enrollment Form

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 \$12,880
☐ More than \$12,881

Office use only

Effective Date: _____

☐ Regular Meal ☐ Diabetic Meal

D.C. Code: _____

D.C.C. Initials: _____



United Way
of Hampshire County