

REGISTRATION FORM
Summer 2024: July 1 – September 30

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










PHONE: (888) 500-6472

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

SESSION SELECTION

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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
- America Sing-Along
- Armchair Traveling 
 - Phone Video
- Art Workshop 
 - Phone Video
- BINGO (*currently a waitlist*)
- Book Club
- Brain Aerobics
- BridgingApps 
 - Phone Video
- Coffee Talk
- Fall 2024 Sneak Peek
- Get to Know LCWW
- Gratitude
- Grief & Loss Support Group
- Health & Wellness Series 
 - Phone Video
- Historical True Crime
- Laugh Out Loud
- Living Well with Vision Loss
- Medicare Minutes
- Movie Chat
- Museum Tour: Something’s Happening Here: What Is It? 
 - Phone Video
- Museum Tour: Japanese Prints 
 - Phone Video
- Name That Tune
- Normalizing Death & Dying 
 - Phone Video
- Nutrition Series
- Reminiscing Series w/ ACC Students 
 - Phone Video
- Story Cafe
- Trivia & Brain Teasers

For office use only:

G RC D WL _____
 AASC Excel