

REGISTRATION
Spring 2025: April 1 – June 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

Spring 2025: April 1 – June 30

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
- AARP Employment Program
- Armchair Traveling 
 - Phone Video
- Art of Doll Collecting 
 - Phone Video
- Art Workshop 
 - Phone Video
- BINGO (*currently a waitlist*)
- Book Club
- Brain Aerobics
- BridgingApps 
 - Phone Video
- Celebrating Juneteenth
- Coffee Talk
- Exercise with Giovanna 
 - Phone Video
- 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
- Museum Tour: Acts of Faith 
 - Phone Video
- Museum Tour: Elisabet Ney 
 - Phone Video
- Museum Tour: Prado Museum 
 - Phone Video
- Name That Tune
- Nutrition Series 
 - Phone Video
- Open Mic
- Story Cafe
- Summer 2025 Sneak Peek
- Texas Legal Services Center
- Trivia & Brain Teasers
- What’s My Line?

For office use only:

G RC D WL _____

AASC Excel

PHYSICAL ACTIVITY RELEASE OF LIABILITY FORM

*****You must complete this form if this is your first time participating in an exercise session.***

I understand the “**Exercise with Giovanna**” session, event or program (“Session”) is not sponsored by Family Eldercare and will not be supervised or taught by a Family Eldercare employee or agent. The instructor of the session is an independent contractor and Family Eldercare does not control and is not responsible for the instructor’s actions.

The goal of “**Exercise with Giovanna**” is to help you strengthen and stretch your muscles. The central physical activity of this session is standing or sitting, and moving your arms and legs as instructed. Please perform the exercises to your preference and comfort level. You should consult your physician or other health care professional before starting this or any other fitness program to determine if it is right for your needs.

By signing or verbally confirming to this document,

I, on behalf of myself, agree to indemnify and hold harmless Family Eldercare and the officers, employees and agents of the organization from all claims, damages or causes of action, including but not limited to claims or lawsuits for any alleged injuries, that may arise out of my participation in this Session.

I understand that it is my responsibility to consult with a medical professional before starting this or any other fitness program.

I understand that by signing or verbally confirming to this document, I release Family Eldercare and their officers, employees or agents from any liability related to the Session.

Participant Name (please print): _____

Signature: _____ **Date:** _____