

**Seneca Cayuga Nation
Title VI Program
Elder Nutrition Center**
Please Complete All Information

Date: _____

Name:

Address 1:

Address 2:

City:

State:

Zip:

Birthdate:

Are you a member of the Seneca-Cayuga Nation?: Yes No (please circle one)
If yes, please provide roll #:

Are you a member of any other Native American Tribe Yes No (please circle one)
If yes, which one?:
Please provide roll #:

If you are not a Seneca Cayuga Nation member, are you the spouse of a Seneca Cayuga tribal member?
Yes No (please circle one)
Spouse's Name:
Spouse's Roll #:

Do you use the Elder Nutrition Center regularly?: Yes No (please circle one)
If yes, do you usually dine in or carry out or both?:
Dine In Carry Out Both

Do you have any special dietary needs or restrictions? Yes No (please circle one)
If so, please specify:

Please share any comments or suggestions:

Thank you for taking time to fill out this information form.
You are helping us to comply with our grant and maintain services to the elders of our community.