Seneca Cayuga Nation
Elder Nutrition Center
Title VI Program

Please Complete All the Information Below
It is grant requirement information
All information listed will be kept confidential

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____Phone Number: _____

Meals are Provided at No Cost to All Native American Elders
$7.00 Per Meal for All Others

1. **Are you a member of the Seneca-Cayuga Nation? Yes No**
   If yes, please provide your roll number: _____

2. **Are you a member of any other Native American Tribe: Yes No**
   If yes, please list the Tribe for which you are a member: _____
   Please provide your roll number: _____

3. **Are you the spouse of a Seneca-Cayuga Tribal member: Yes No**
   If yes, please provide their name: _____
   Spouse's roll number: _____

4. **Do you plan to attend the Elder Nutrition Center on a regular basis?**
   Yes No
   If yes, do you usually: Dine-In Carry Out

5. **Do you have any special dietary needs or restrictions? Yes No**
   If yes, please list: _____

Thank You for Completing This Form
You are helping us to comply with our grant requirements and maintain services to our elders in our community