# health-promotion class registration

The State of Oregon has provided funding that allows us to provide these programs to you. In order to better understand who uses our programs and to ensure that we reach as many older adults as possible, we will be sharing this information with the State of Oregon. Your name and social security number are only used for identification purposes. This document will be destroyed after our staff member has input your information into our secured electronic database. You are not required to provide this information.

Today’s Date: Class:

Name:

 Male  Female  Transgender

Address:

City: State: Zip:

Last 4 SS #:\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Age:\_\_\_\_\_

Number in Household: 1 2 3+

Race (Select all that apply):

Ethnicity:

Hispanic/Latino

Not Hispanic/Latino

American Indian/Alaska Native

Asian

Black/African American

Native Hawaiian/Other Pacific

White

Unknown-some other race

Monthly Household Income. *Please select one based on the number of people living in your household (HH).*

HH=1: $973 or below $974 or above

HH=2: $1,311 or below $1,312 or above

HH=3: $1,649 or below $1,650 or above

HH-4: $1,988 or below $1,989 or above