

# NACOLG SENIOR CENTER SURVEY FOR City of Haleyville

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET STATE

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

STATUS: MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOW \_\_\_\_\_ WIDOWER \_\_\_\_\_

MY NEXT OF KIN IS: \_\_\_\_\_  
NAME ADDRESS PHONE

PERSON TO NOTIFY IN CASE OF ILLNESS OR ACCIDENT:

NAME ADDRESS PHONE

AT PRESENT, ARE YOU PARTICIPATING AT ANOTHER CENTER? CIRCLE (YES OR NO).  
IF YES, WHICH CENTER? \_\_\_\_\_

HOW MANY MEALS A DAY DO YOU EAT? 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

WOULD YOU NEED TRANSPORTATION TO THE CONGREGATE MEALS SITE? YES \_\_\_\_\_ NO \_\_\_\_\_

HOW FAR DO YOU LIVE FROM CITY HALL? BLOCKS: \_\_\_\_\_ OR \_\_\_\_\_ MILES

DAYS YOU WOULD LIKE TO PARTICIPATE ARE: (CIRCLE DAYS)  
MONDAY  
TUESDAY  
WEDNESDAY  
THURSDAY  
FRIDAY

WOULD YOU BE WILLING TO PARTICIPATE AT A CENTER FOR HALEYVILLE IN WINSTON COUNTY? YES \_\_\_\_\_ OR NO \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RETURN THIS SURVEY TO:  
NORTHWEST ALABAMA COUNCIL OF LOCAL GOVERNMENT'S