



ALEUTIAN PRIBILOF ISLANDS ASSOCIATION, INC.

ELDERS NUTRITION SERVICES APPLICATION

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

ADDRESS: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

PHONE NUMBER (907) \_\_\_\_\_ MESSAGE # \_\_\_\_\_

\*DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GENDER: [ ] Female [ ] Male

SPOUSE NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please Check One: [ ] Alaska Native [ ] American Indian [ ] Other \_\_\_\_\_

Check any that pertain to you: [ ] Handicapped [ ] Diabetic [ ] limited income

Please list any information to help further assess your needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of CHR: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The APIA Elders Nutrition Program is a service of APIA Elders Program for \*Alaska Natives/American Indians 60 years of age or older.