Meal Site Participant Registration

**Participant Information, please print clearly**

Date: ______/_____/______  
Last Name: _______________________  First Name: _____________________  
Address: _________________________________________  Apt#: ___________  
City/Town: _________________________________  Zip Code: _____________  
Date of Birth: ______/_____/______  Phone #: ______________________  
Meal Sites you attend: _______________________________________________  
Gender:  □ Male  □ Female  
Living Situation: □ Alone  □ Spouse  □ Spouse & Family  □ Family  □ Non-Family

<table>
<thead>
<tr>
<th>Size of family unit</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 7,890</td>
</tr>
<tr>
<td>2</td>
<td>$10,610</td>
</tr>
<tr>
<td>3</td>
<td>$13,330</td>
</tr>
<tr>
<td>4</td>
<td>$16,050</td>
</tr>
</tbody>
</table>

Does your income fall below the income level listed above?  □ Yes  □ N

**Food Allergy Notification**

Major food allergens: Milk, eggs, fish (such as bass, flounder, or cod), crustaceans (such as crab, lobster or shrimp), tree nuts (such as almonds, pecans, or walnuts), wheat, peanuts, and soybeans.

Do you have any known major life threatening food allergies?  □ Yes  □ No

Thank you for completing this form to help us comply with Federal Government requirements

Please send your completed registration form to us by fax: 617-440-1020 or mail: SCES, Attn: Nutrition Department, 61 Medford Street, Somerville, MA 02143