

# PISCATAWAY SENIOR CITIZEN'S CENTER

Eligibility Guidelines: Applicant Must Be A Resident of Piscataway and 60 Years of Age or Older

Please **Print** All Information  
Proof of Residency and Age Must be Shown  
With Completed Application

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ First Name \_\_\_\_\_ Male { }  
Female { }

Address \_\_\_\_\_ Piscataway, NJ 08854

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### Person To Call In Case of Emergency:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
OPTIONAL OPTIONAL

Doctor's Name \_\_\_\_\_ Hospital Affiliation \_\_\_\_\_

Doctor's Telephone # (\_\_\_\_) \_\_\_\_\_

Height \_\_\_\_ ft \_\_\_\_

### Please Circle

Eye Color: Hazel  
Blue  
Green  
Brown

Hair Color: Brown  
Black  
Gray  
Red  
White

Staff Use Only: #1 #2 #3 #4

Proof of Residence and Age Shown: \_\_\_\_\_