



# Program Registration Form FY 2024

To be completed for EACH program participant - Adults and children -  
Please print clearly

REV 06/27/23

Staff Use Only

Staff Initials

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F

Date Registered: \_\_\_\_\_ Have you participated in an Upper Room Program Before? Y ☐ N ☐

Programs: ☐ COMPASS ☐ CONNECT ☐ CSLO ☐ EXPRESSIONS ☐ FTIO ☐ FOOD PANTRY ☐ GFO ☐ GDJD ☐ HSET ☐ KINSHIP  
☐ NAVIGATION ☐ PACC ☐ PARENT ED ☐ PCS ☐ PHASES ☐ R8 ☐ TC ☐ TEEN TALK ☐ TIPS ☐ VAPE ☐ YES

☐ Parent Education Class(List Name/s): \_\_\_\_\_ ☐ OTHER: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email\* \_\_\_\_\_ Telephone(Cell ☐ Home ☐ ) (\_\_\_\_\_) \_\_\_\_\_

☐ I do not wish to be put on the email list.

If a minor—custodial Parent/Guardian name \_\_\_\_\_

Parent/Guardian Contact (Phone/Email): \_\_\_\_\_

Participant: ☐ Single, never married, not co-habiting ☐ Co-Habiting with Significant Other ☐ Married

☐ Separated ☐ Divorced ☐ Widowed ☐ Other \_\_\_\_\_

## PLEASE ANSWER ALL QUESTIONS BELOW

Do you have health insurance? Yes ☐ No ☐

If yes choose all applicable: ☐ Private  
☐ Medicare  
☐ Medicaid

Primary Insurer: ☐ Self ☐ Parent/Guardian

What is your race: ☐ Alaskan Native/ Native American  
☐ African American/Black  
☐ Asian  
☐ Caucasian/White  
☐ Hispanic / Latino / Latina / Latinx / Latin  
☐ Native Hawaiian/Pacific Islander  
☐ More than one  
☐ Other/Not Listed: \_\_\_\_\_

Is your primary language English? Yes ☐ No ☐

What is your Gender Identity (please write in): \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Are you Employed? FT ☐ PT ☐ Not Employed ☐ SSA/SSDI ☐

Are you a Student? FT ☐ PT ☐ Not a Student ☐

Are you a U.S. Citizen? Yes ☐ No ☐

If 18 or older, are you a US Veteran or active US Military? Y ☐ N ☐

Under 18, is your Parent/Guardian a US Vet or active US Military? ☐

If pregnant, would you like to receive information/  
resources for your pregnancy? Yes ☐ No ☐ Prefer Not to  
Answer ☐

Do you have a disability? Yes ☐ No ☐ Prefer Not to Answer ☐

Students: Do you have an: IEP? ☐ 504 Plan ☐ Prefer not to answer ☐

What is your School District? \_\_\_\_\_

## HOUSEHOLD INFORMATION - Refers to ALL Household members-including yourself

Household Monthly Adjusted Gross Income: \$ \_\_\_\_\_ TOTAL # OF MEMBERS OF YOUR HOUSEHOLD: \_\_\_\_\_

☐ Family member(s) receive School Meal Free/Reduced

How many are age 0-5? \_\_\_\_\_

How many are age 6-18? \_\_\_\_\_

☐ Family is Eligible for TANF/WIC/SNAP Benefits?

How many are age 19-59? \_\_\_\_\_

How many are over 60 years? \_\_\_\_\_

☐ Other services received(please write in)? \_\_\_\_\_

How were you referred to The Upper Room? \_\_\_\_\_

## COMPLETE ONLY WHEN PAYING FOR A SERVICE OR MAKING A DONATION

What is your payment for? Donation ☐ or Program Registration ☐ Which Program? \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Check# \_\_\_\_\_ Cash Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

PARTICIPANT INFORMATION