



Nisqually Indian Tribe

Elder Program

4820 She Nah Num DR SE

Olympia WA, 98513

(360) 486-9546

Participant Contact Information Update

Basic Information

First Name, Middle Initial, Last Name

Address

City

State

Zip Code

Telephone

Message Phone

Cell Phone

Email Address: _____

Date of Birth _____

Sex:

Male

Female

For funding purposes the following information will be needed to clarify eligibility for projects and other services provided through the Nisqually Elders Program and/or other resources.

Nisqually Tribal Member

Native American enrolled in a Federally Recognized Tribe

Tribe: _____

Enrollment #: _____

Reside on the Nisqually Reservation

Relative living in the home of a Nisqually Tribal Member

Emergency Contacts

First Name, Middle Initial, Last Name

Relationship: Relative

Friend

Neighbor

Caseworker

Other : _____

Address

City

State

Zip

Home Phone

Cell Phone

Message #

Participant Contact Information Update

Are you married or have a significant other? If yes, please fill out this section

Spouse or Significant Other Information

First Name, Middle Initial, Last Name

Phone #

Email

If your spouse is 55 years or older please have them fill out a separate form!

Caregiver Support Program:

Do you have a Caregiver that helps you?

Yes

No

Are you an elder caring for children under the age of 18 years of age?

Yes

No

If your caregiver is 55 Years or older please fill out the contact form as well!

Caregiver #1

First Name, Middle Initial, Last Name

Relationship: Relative

Friend

Neighbor

Caseworker

Other : _____

Address

City

State

Zip

Home Phone

Cell Phone

Message #

Caregiver #2

First Name, Middle Initial, Last Name

Relationship: Relative

Friend

Neighbor

Caseworker

Other : _____

Address

City

State

Zip

Home Phone

Cell Phone

Message #