

**The Native Village of Eyak  
Elder Services Program In-Take Form**

Today' Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Elder Contact information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Post office box: \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone# \_\_\_\_\_

Email address: \_\_\_\_\_

On File: Birth Certificate:

CIB:

Alaska Native:

American Indian:

Non-Enrolled Alaska Native:

Regional Corporation: \_\_\_\_\_

Village Corporation: \_\_\_\_\_

How would you like to be contacted? Mark all that applies

Robo call

regular phone call

email

text

mail

Directions of Home/Color of house/ Identifying landmarks

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

**Services you would like information about....**

- Home delivery senior lunch: Yes or No
- Home delivery medication trays from CCMC pharmacy: Yes or No
- Rides to do errands: Yes or No
- Notify about participating in NVE activities: Yes or No
- Would you like to volunteer with the NVE Elders Program: Yes or No

**What are you interested in?** cultural art, food gatherings, playing cards/ games, subsistence activities.....