



Patron Pass Number: \_\_\_\_\_

Membership Number: \_\_\_\_\_

## PARTICIPANT INTAKE & WAIVER 2022-2023

Items marked with an asterisk \* are required. Please print.

\*Name \_\_\_\_\_ \*Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ \*Zip Code \_\_\_\_\_

E-mail address: \_\_\_\_\_ **Check here to receive our E-Newsletter**

Person to be notified in case of an emergency:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

For and in consideration of the undersigned participant and participant's guests (50 and above), being permitted to take part in any program, organized or casual, conducted at or sponsored by the Janet Goeske Senior Center and Janet Goeske Foundation, the undersigned does hereby expressly waive and release whatsoever against the City of Riverside and Janet Goeske Foundation, their officers, employees, volunteers, and all others, for any injuries or damages or costs which the undersigned participant might incur or sustain. I hold harmless the above named parties from suits, claims and demands of any kind.

By signing this waiver, I agree I have been checked by a physician and that I am in adequate physical and mental condition to participate in what I have chosen to be involved in. In addition, I am responsible for any personal guests (50 and above) who may attend with me.

In case of an emergency, I authorize the named parties above to secure emergency services (911) on my behalf and to notify my emergency contact.

I have read the contents of the above waiver and release, and I understand the meaning thereof.

\*Participant Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

## MEDIA RELEASE

I, the undersigned, give permission for my image to be used in print, video, social, and digital media. I agree that these images may be used by the Janet Goeske Foundation for a variety of purposes and that these images may be used without further consent.

**YES, I DO GIVE PERMISSION**

**NO, I DO NOT GIVE PERMISSION**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Patron Survey 2022- 2023

1. Year of Birth: \_\_\_\_\_

2. Ethnicity:  Caucasian  African American  Asian  Hispanic  Native American

3. Gender:  Male  Female

4. What language(s) do you speak? (check all that apply)

English  Spanish  Other \_\_\_\_\_

5. What is your living arrangement? (check best option)

I live alone  I live with a spouse/friend  I live with family  I live with a caregiver/assisted living

6. Are you a veteran?  Yes  No

7. What is your main form of transportation? (check best option)

My Car  Family/Friends  Senior Transportation / Dial-a-Ride  Public Transportation/RTA  
 Walking / Bicycle / Electric Wheelchair

8. What is your income level?

Check the best option below in the **left shaded column** based on number of persons in household.

Circle One Below	1 Person	2 Persons	3 Persons	4 Persons	5 Persons
Extremely Low Income	\$16,600 (or below)	\$19,000 (or below)	\$21,960 (or below)	\$26,500 (or below)	\$31,040 (or below)
Very Low Income	\$27,650 (or below)	\$31,600 (or below)	\$35,550 (or below)	\$39,500 (or below)	\$42,700 (or below)
Low Income	\$44,250 (or below)	\$50,600 (or below)	\$56,900 (or below)	\$63,200 (or below)	\$68,300 (or below)

**EXHIBIT A-1**

**CITY OF RIVERSIDE  
2021-2022 CDBG PROGRAM  
BENEFICIARY QUALIFICATION STATEMENT & INTAKE FORM  
Senior Programs and Services**

**PROJECT NAME:** \_\_\_\_\_

**AGENCY NAME:** Janet Goekse Foundation

**DATE OF INTAKE:** \_\_\_\_\_ **RECEIVED BY (STAFF NAME):** \_\_\_\_\_

**This statement must be completed for each individual or head of household receiving benefits from the CDBG funded project/activity for the FIRST-TIME ONLY during this award year.**

**PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS.**

NOTE: For the following questions, "Head of Household" is defined as (at least) one member of a related or unrelated group of persons occupying the same household. Renters, roomers or borders cannot be included as household members.

1. Are you receiving this benefit as an individual or as a head of household?  
 Individual     Head of Household
2. If your answer to the above is "b", how many persons are in your household? \_\_\_\_\_
3. Are you a female head of household?  Yes     No
4. In the chart below, please circle the category which best represents your gross annual household income (include the combined gross annual income of ALL persons in your household from ALL sources of income.)

**2021 HOUSEHOLD INCOME LIMITS**

	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>Extremely Low Income (30%)</b>	\$16,600	\$19,000	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660
<b>Very Low Income (50%)</b>	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
<b>Low Income (80%)</b>	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450

**EXHIBIT A-1**

5. In the chart below, please **count each member of your household** in the appropriate Race/Ethnicity categories:

<b>RACE/ETHNICITY</b>	
White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian / Other Pacific Islander	
American Indian / Alaskan Native and White	
Asian and White	
Black / African American and White	
American Indian / Alaskan Native and Black / African American	
Other Race/Ethnicity (Specify)	

6. Do you identify yourself as Hispanic/Latino (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture)?  Yes  No

7. Are you a **new** beneficiary of this program?  Yes  No

8. Are you a resident of the City of Riverside?  Yes  No

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**ACKNOWLEDGMENT AND DISCLAIMER**

**I CERTIFY THAT THE STATEMENTS MADE ON THIS FORM ARE TRUE.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Membership Form (July 1, 2022 - June 30, 2023)

**JANET GOESKE**  
FOUNDATION

For Volunteer/Staff Use: (Circle One) Cash / Check INITIAL: \_\_\_\_\_

Please make checks payable to: Janet Goeske Foundation

**Membership Renewal (\$20)**       **First-Time Member (\$20)**       **Lifetime Member (\$300)**

Card # \_\_\_\_\_ (number assigned by volunteer/staff member)      Date: \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

May we contact you to discuss a planned gift to our "Goeske Legacy" Endowment Fund?     Yes     No

**Membership donations are non-refundable.**

**Thank you for your donation and for supporting the Janet Goeske Foundation.**

Staff Verification: (Circle One) Cash / Check    Amount \$ \_\_\_\_\_    Date: \_\_\_\_\_    22-23 Card # \_\_\_\_\_    Staff Initial: \_\_\_\_\_