

Henry County Senior Center

2020 Client Registration Form

203 Rohrs Street Napoleon, OH 43545
419-599-5515

Last Name	First Name	M.I.	Marital Status S M W D	Gender M F	Birth date [Mo/Day/Yr]
Address	City	Zip	County		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>P.O. BOX</u>	Preferred Telephone/ Cell Phone		Email		
Last 4 Digits of your Social Security Number	Approximate Yearly Income [] under \$10,000 [] \$10,000-\$15,000 [] \$15,000-\$25,000 [] over \$25,000		List any Allergies: (Food or Medication)		
# Persons in Household	ETHNIC GROUP: [] Caucasian (white) [] African American [] Native America [] Hispanic [] Other _____				
Are you disabled?	Please describe any physical limitations/medical issues so that we may better assist you:				
Family Doctor:	Telephone:				
Emergency Contact, other than your spouse:	Telephone:	Cell Phone:			
		Email:			
Emergency Contact, other than your spouse:	Telephone:	Cell Phone:			
		Email:			

Disclosure Statement: This form was developed to assist the Ohio Department of Aging monitor the effectiveness of senior programs offered to the citizens of Ohio. Any client information obtained from this form will be kept confidential and no identifying information will be released to the public without written consent, or unless otherwise required under the federal law. We are required by applicable federal and state law to maintain the privacy of your medical information. The medical information on this form will not be shared with other individuals or agencies. This law became effective on 04/14/2003. The data collected (age, sex, race, and low income status) will be forwarded to the Area Office on Aging and the Ohio Department of senior programs (as required by the 1992 Older Americans Act reauthorization). While all clients receiving services under the Older Americans Act are asked to complete this form, no client may be denied services for refusing to provide any of the information requested, including social security number. No otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, sex, sexual orientation, religion, age, or disability. The policy covers eligibility for and access to service delivery, and treatment in all of our programs and activities.

Client Signature <i>By my signature, I certify that I understand and agree to the above disclosure statement.</i>	Date / /
---	-------------

[] Please **DO NOT** send the newsletter to me.

PLEASE COMPLETE BOTH SIDES OF EACH SHEET

Read the statements below. Circle the number in the “YES” column for those that apply to you or someone under your care. For each “YES” answer, score the number listed. Total your nutrition score.

YES

- | | |
|---|-------|
| 1. I have an illness or condition that made me change the kind and/or amount of food I eat. | 2 |
| 2. I eat fewer than 2 meals per day. | 3 |
| 3. I eat few fruits or vegetables or milk products. | 2 |
| 4. I have 3 or more drinks of beer, liquor, or wine almost every day. | 2 |
| 5. I have tooth or mouth problems that make it hard for me to eat. | 2 |
| 6. I don't always have enough money to buy the food I need. | 4 |
| 7. I eat alone most of the time. | 1 |
| 8. I take 3 or more different prescribed or over-the-counter drugs a day. | 1 |
| 9. Without wanting to, I have lost or gained 10 pounds in the last 6 months. | 2 |
| 10. I am not always physically able to shop, cook, and/or feed myself. | 2 |
| TOTAL | _____ |

NOTE: Scoring: 0-2 = good; 3-5 = moderate nutritional risk; 6 or more = high nutritional risk.

VOLUNTEER OPPORTUNTIES - PLEASE SIGN UP!

Volunteers are vital to the success of the Senior Center. Your gifts of *TIME*, *TREASURES* and/or *TALENTS* help others AND the Senior Center. Please read CAREFULLY and indicate how you would like to get involved.

Call me to help with:

- Events:* Senior Day in the spring, Senior Day at the Fair, Fair Booth
- Bake Sales:* calling, baking, pricing, selling...
- Rummage Sales:* sorting, collecting, pricing, selling, clean up....
- Coffee:* at the Senior Center one morning per week
- Telephone/Greeter:* at the front desk of the Senior Center
- Help with satellite programming:* in Deshler, Malinta, or Liberty Center
- Newsletter:* help with monthly mailing or in creating
- Crafting:* creating items for sale in our gift shop, at home or at the Senior Center art studio
- School Volunteers:* needed for area schools or when Sr. Center does joint activities
- HCSC Advocates Member*
- Dining Room:* wash tables, serve milk/water, salad bar...
- Computer:* teaching others, data entry, social media...
- Staging, delivering, and lifting:* Rummages Sales, Senior Day events, Senior food program,
- Woodworking shop*

Other:

PLEASE COMPLETE BOTH SIDES OF EACH SHEET