

## Henry County Senior Center

## 2026 Client Registration Form

203 Rohrs Street Napoleon, OH 43545

419-599-5515

Last Name	First Name	M.I.	Marital Status	Gender	Birth date [Mo/Day/Yr.]
Address	City	Zip	S M W D	M F	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
P.O. BOX	PREFERRED Phone #		Email		
Last 4 Digits of your Social Security Number	Approximate Yearly Income <input type="checkbox"/> under \$15,000 <input type="checkbox"/> over \$15,000		List any Allergies: (Food or Medication)		
# Persons in Household	ETHNIC GROUP: <input type="checkbox"/> Caucasian (white) <input type="checkbox"/> African American <input type="checkbox"/> Native America <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
Are you disabled?	Please describe any physical limitations/medical issues you are or have experienced:				
Family Doctor:	Telephone:				
Emergency Contact:	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 based on 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 our programs and activities.

Client Signature *By my signature, I certify that I understand and agree to the above disclosure statement.*

Date	/	/
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☐ 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 OPPORTUNITIES – 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:* Spring Health Fair, Senior Day at the Fair,  
Fair Booth

☐ *Bake Sales:* calling, baking, pricing, selling...

☐ *Rummage Sales:* sorting, collecting, pricing, selling,  
clean up....

☐ *Telephone/Greeter:* at the front desk of the Senior  
Center

☐ *Newsletter:* help with monthly mailing

☐ *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, etc.

☐ *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**

## Henry County Senior Center Rules of Participation

As determined by the Henry County Senior Center Trustee Board and The Henry County Commissioners, the following medical, social, or behavioral problems or conditions may limit participation at Henry County Senior Center.

1. Substance abuse at Henry County Senior Center buildings or vehicles.
2. Use of obscenities, racial or ethnic slurs - including verbal, written or gestures.
3. Conditions that severely inhibit eating or swallowing - HCSC will provide home delivered meals and other homebased services.
4. Behavior that does not support the friendly attitude of the Henry County Senior Center.
5. Incontinence - if not properly controlled.
6. Offensive body odor caused by poor hygiene or other issues.
7. Continuous displays of anger, aggression or extreme emotion which result in the disruption of Henry County Senior Center or the deterioration of the emotional health of the participants and/or staff.

Interpretation and enforcement of the Rules of Participation is regulated and at the discretion of the Executive Director of the Henry County Senior Center. For the action steps in case of an offense, please see the Center's Policies and Procedures.

I agree to receive services under the Rules of Participation of Henry County Senior Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(OVER)

**HENRY COUNTY SENIOR CENTER**  
**CONSENT AND RELEASE FORM**

IN CONSIDERATION of the opportunity to participate in any Programming and/or Activities on behalf of myself, my heirs, dependents, assigns and personal representatives, THE UNDERSIGNED

1. HEREBY COVENANTS NOT TO SUE, AND RELEASES, WAIVES, DISCHARGES the Releasees ("Releasees are defined as The Henry County Senior Center members, officials, and any other employees, personnel or volunteers of The Henry County Senior Center from all liability to THE UNDERSIGNED for any and all losses or damages and any claims therefor on account of injury to the person or property of, or resulting in death; to THE UNDERSIGNED whether caused by the negligence of the Releasees or otherwise while THE UNDERSIGNED is participating in any Program/Activity; and
2. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to THE UNDERSIGNED due to the negligence of the Releasees or otherwise, while participating in any Program/Activity; and
3. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY BODILY INJURY, DEATH OR PROPERTY DAMAGE to any person or entity caused by the actions of THE UNDERSIGNED while participating in any Program/Activity; and
4. HEREBY AGREES TO HOLD HARMLESS AND INDEMNIFY Releasees for any claim, loss or liability which the Releasees may incur as a result of any negligent, willful or intentional act of THE UNDERSIGNED, including any costs, expenses or attorneys fees incurred as a result of such claims.

THE UNDERSIGNED consents to and authorizes Releasees to photograph and/or videotape THE UNDERSIGNED while participating in the Program/Activity. THE UNDERSIGNED waives any and all rights to such photographs and/or videotapes and waives any and all rights to privacy of the images captured on such photographs and/or videotapes.

THE UNDERSIGNED expressly agrees that the foregoing Consent and Release is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion of this Consent and Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THE CONSENT AND RELEASE, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

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*Signature*

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*Name (please print)*

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*Date Signed*