YORK COUNTY AREA AGENCY ON AGING

REGISTRATION FOR CONGREGATE MEALS AND SENIOR CENTER SERVICES

(Please PRINT or TYPE Information)

1.1.A.1. Date:					**Senior Center PSA# 25**
2. Last Name:	3. First:	4. Middle:	5. Suffix:	6. Nickname:	7. Date of Birth:

8a. Current gender identity:	8b. Gender assigned at birth:	8c. Sexual orientation:	9. Registrant's Ethnicity:
☐ Female ☐ Male ☐ Non-binary ☐ Transgender female (male to female) ☐ Transgender male (female to male) ☐ Choose not to disclose ☐ Something else not named:	☐Female ☐Male ☐Something else not named: ☐Choose not to disclose	☐ Straight or Heterosexual ☐ Bisexual ☐ Lesbian, Gay or Homosexual ☐ Don't Know ☐ Something else not named: ☐ Choose not to disclose	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

10. Registrant's Race:	11. Last 4 digits of Social Security #:	12. Is the registrant's annual income less than 100% of the current Federal Poverty Income Guidelines (FPIG)?	13a. Does the registrant have a Medicaid number?
☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Non-minority (White, non-Hispanic) ☐ Unknown ☐ Other	xxx-xx-_____	☐ Yes ☐ No ☐ Unknown The current Federal Poverty Guidelines are: $13,590 for one (1) person annually; $18,310 for 2. (Add $4,720 for each additional person in the household)	☐ Yes ☐ No ☐ Pending 13b. If Yes, what is the number? _____

14a. Does the registrant have Medicare?	15a. Does the registrant have other insurance?	16. Check all benefits the registrant is currently receiving:	
☐ Yes 14b. Medicare # _____ ☐ No	☐ Yes: 15b. Name of insurance: _____ ☐ No	☐ Food Stamps ☐ LIHEAP ☐ Medicaid ☐ PACE	☐ Section 8 ☐ Subsidized Transit ☐ Tax & Rent Rebates ☐ Weatherization ☐ Other:

1.C. Registrant Demographics: 1a. Are you homeless? ☐ Yes ☐ No If yes, answer questions a – c	1b. Do you have a place to stay tonight? ☐ Yes ☐ No	1c. Do you have a place to stay long-term? ☐ Yes ☐ No	1d. Explain homeless situation: ☐ Cannot afford housing ☐ Evicted ☐ Housing not available ☐ Voluntary Other:

2. Type of **PERMANENT** residence in which you reside:	3. What is your **PERMANENT** living arrangement?	4. What is your marital status?	**Veteran Questions**
☐ Apartment ☐ Domiciliary Care ☐ Group Home ☐ Own Home ☐ Personal Care Home ☐ Relative's Home ☐ Rehab Facility ☐ State Institution Other::	☐ Lives Alone ☐ Lives with Spouse Only ☐ Lives with Children, but not spouse ☐ Lives with other Family Members ☐ Other:	☐ Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widowed Other: If married, when is your anniversary? _____	5a. Are you a Veteran? ☐ Yes Branch: _____ ☐ No 5b. Are you a spouse or widow of a veteran? ☐ Yes ☐ No 5c. Do you receive Veteran's benefits? ☐ Yes ☐ No

6a. Do you require communication assistance? ☐ Yes ☐ No	6b. If **Yes**, select which assistance is required: ☐ Assistive Technology ☐ Interpreter	☐ Large Print ☐ Picture Book	☐ Unable to Communicate ☐ Unknown Other:_____

7a. Do you use sign language as your **PRIMARY** language? ☐ Yes – 7b. Specify type used: _____ ☐ No	8. What is your **PRIMARY** language? ☐ English ☐ Russian ☐ Spanish ☐ Other: _____	9. Are you considered disabled? ☐ Yes ☐ No

1.D. Registrant's Permanent Residential Address Information

2a. County:		2b. Street Address:	
2d. Municipality (Township/Borough):		2c. Second Line Street Address:	
2e. City:	2f. State:	2g. Zip Code:	
4. Does the registrant reside in a rural area? ☐ Yes ☐ No	5a. Primary Phone #:	5b. Mobile Phone #:	5c. Other Phone #:

5d. Email Address:	6. Voter Registration: ☐ Already registered ☐ Not interested	☐ Info requested ☐ Does not meet voter requirements

1.E. Mailing Address (If different than street address):

1a. Postal Address 1st Line:			
1b. 2nd Line:	1c. City:	1d. State:	1e. Zip Code:

1.F.1. Emergency Contact's Name & 2. Relationship:

Physician's Name:	3. Emergency Contact's Phone Number:	4. Emergency Contact's Other Phone #:

2.A. Dietary Issues:

1. Do you generally have a good appetite? ☐ Yes ☐ No	2. Do you use a dietary supplement? ☐ Yes ☐ No	3. Do you have any food allergies? ☐ Yes ☐ No If yes, list:
4. Do you have a special diet for medical reasons? ☐ Yes ☐ No If yes, list:		5. Do you have a special diet for religious/cultural reasons? ☐ Yes ☐ No If yes, list:

2.B. Nutritional Risk Information

1. Has there been a change in your lifelong eating habits because of health problems? ☐ Yes ☐ No If yes, explain:	2. Do you eat fewer than 2 meals per day? ☐ Yes ☐ No If yes, explain:	3.Do you eat fewer than 2 services of dairy products every day? ☐ Yes ☐ No	4. Do you eat fewer than 5 services of fruits or vegetables each day? ☐ Yes ☐ No
5. Do you have 3 or more drinks of beer, liquor or wine almost every day? ☐ Yes ☐ No	6. Do you have trouble eating due to problems with chewing/swallowing? ☐ Yes ☐ No	7. Do you **not have** enough money to buy food needed? ☐ Yes ☐ No	8. Do you eat alone most of the time? ☐ Yes ☐ No
9. Do you take 3 or more prescribed or over-the-counter drugs per day? ☐ Yes ☐ No	10. Have you lost or gained at least 10 pounds or more in the last **6 months**? ☐ Yes ☐ No	11. Are you **not always** able to physically shop, cook and/or feed yourself (or to get someone to do it for you)? ☐ Yes ☐ No	

Windy Hill Senior Center, Inc. (aka Windy Hill on the Campus)

Fitness Room and Exercise Waiver

In consideration of my use of the exercise equipment and facilities and participation in the exercise classes provided by Windy Hill Senior Center, Inc. (Windy Hill), I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, and directors, shall not be liable for any damages arising from personal injuries (including death) sustained by me on or about the premises, or as a result of the use of the equipment or facilities and/or participation in exercise classes, regardless of whether such injuries result, in whole or in part, from the negligence of Windy Hill. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic) , and losses of any type which may occur to me. I hereby fully and forever release and discharge Windy Hill, its insurers, employees, officers and directors from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the use of said equipment, facilities and classes.

I expressly agree to indemnify and hold Windy Hill harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me.

I agree to be solely responsible for safety and well being of myself. I understand that Windy Hill does not provide supervision, instruction, or assistance for the use of the facilities and equipment,

I agree to comply with all the rules imposed by Windy Hill regarding the use of the facilities, equipment and classes. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment and participation in exercise classes involves risk of injury, including permanent disability and death.

I understand and agree that Windy Hill is not responsible for property that is lost, stolen, or damaged while in, on or about the premises.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Date:_____

Signature: _____

Print Name: _____

Photo Release Form

I, _____, do hereby grant permission to **Windy Hill Senior Center** to use my photo as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of me for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the **Windy Hill Senior Center** website, Facebook, or other media.

☐ Deny permission to use my image at all.

☐ Grant permission to use my image.

Name (printed) _____

Signature _____ Date _____

Witness Signature _____ Date _____