

Broome County Office for Aging ID Card

Please complete both sides of application and submit with Proof of Age

1. Please print the name of the **location where you received and filled out this application:**
 Center Home/Mail Office

2. **Today's Date** _____ (Date last Reviewed)

3. The **year** you first came to a senior center or received an Office for Aging ID Card _____

4. **First Name** _____

5. **MI** _____

6. **Last Name** _____

7. Any other name you regularly use. (**Nickname**)

e-mail address _____

8. What is your current **marital status**?

- Married Divorced
 Widowed Separated
 Never Married Civil Union

9. Are you? Male Female

10. What is your **date of birth**? _____

11. **Social Security Number** – Please enter to ensure we have the correct person in our records
 _____ - _____ - _____

12. What is your **home phone**? _____ - _____

13. **Street Address** _____

14. **City** _____

15. **State** _____ 16. **Zip Code** _____

Do you live in Town of Union? Yes No

16a **County** _____

17. **Mailing address** if different

18. Are you **frail or disabled**? Yes No

19. Are you a **Veteran**? Yes No

20. Are you a **Veteran's spouse**? Yes No

21. **What is the highest level of formal education you have completed?**

- 8th grade or less College or technical school
 9 – 11 grades Bachelor's Degree
 High school graduate Graduate Degree

22. **Please check the way/s you usually get to places**

- Drive OFA Mini Bus
 County/City Bus Taxi
 BC Lift Escort needed
 Others Drive

Card for riding the Office for Aging Bus? Yes No

23. Do you **own or rent** your home?

- Own Rent Other

24. Do you live in a **single or multiple family building**?

- Single Multiple

25. Do you live in a **rural/country area served by BC Country**? Yes No

26. **Race** – Check all that apply (*P for Primary*)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

27. Are you **Hispanic or Latino**? Yes No

28. How many people live in your home **including yourself**? _____

29. Please tell us **who you live with**. Check one

- Alone Friend/s
 Spouse only Home of another
 Child/children only Others not spouse or child
 Spouse and child Significant other
 Other family member

Signature _____

Staff/Volunteer _____

Broome County Office for Aging ID Card

If you have meals at a senior center, which kind of meals do you order?

- Regular No Concentrated Sweets NCS (for diabetics and weight lost)

The Administration on Aging requests the following information if you are attending a Senior Center or Nutrition Program. This is the National Nutrition Screen. Please answer all questions by circling Yes or No

- | | | |
|---|-----|----|
| 30. Has an illness or condition made you change the kind or amount of food you eat? | Yes | No |
| 31. Do you eat fewer than 2 meals per day? | Yes | No |
| 32. Do you eat fewer than 5 servings (1/2 cup) of fruits or vegetable every day? | Yes | No |
| 33. Do you eat fewer than 2 servings of dairy products (milk, yogurt or cheese) every day? | Yes | No |
| 34. Do you have 3 or more drinks of beer, liquor or wine almost every day? | Yes | No |
| 35. Do you have trouble eating well due to problems with chewing or swallowing? | Yes | No |
| 36. Do you sometimes not have enough money to buy food? | Yes | No |
| 37. Do you eat alone most of the time? | Yes | No |
| 38. Do you take 3 or more different prescribed or over-the-counter drugs per day? | Yes | No |
| 39. Without wanting to, have you lost or gained 10 pounds in the past 6 months? | Yes | No |
| 40. Are you not always physically able to shop, cook and/or feed yourself (or get some one to do it for you)? | Yes | No |
| 41. Have you made any changes in your lifelong eating habits because of health problems? | Yes | No |

Please check any **activities that you have needed help with in the past 7 days.**

This information will help the Office for Aging to plan services that may be needed in the community. (42)

- | | | |
|---|---|---|
| <input type="checkbox"/> Bathing (a) | <input type="checkbox"/> Toileting (f) | <input type="checkbox"/> Heavy housework (k) |
| <input type="checkbox"/> Walking (b) | <input type="checkbox"/> Eating (g) | <input type="checkbox"/> Meal Preparation (l) |
| <input type="checkbox"/> Transferring in and out of bed (c) | <input type="checkbox"/> Shopping (h) | <input type="checkbox"/> Managing money and bills (m) |
| <input type="checkbox"/> Dressing (d) | <input type="checkbox"/> Transportation (i) | <input type="checkbox"/> Using the telephone (n) |
| <input type="checkbox"/> Personal Hygiene (e) | <input type="checkbox"/> Light housekeeping (laundry) (j) | <input type="checkbox"/> Managing medications (o) |

Emergency Contact Information

*Please provide a **local** emergency contact to keep on record at centers you regularly attend or on file at the main office.*

43. Name _____ 44. Home phone _____ - _____

45. Business phone _____ - _____ 46. Cell Phone _____ - _____ - _____

47. Address _____

In case of a medical emergency at a senior center what physician and what hospital would you prefer?

51. Physician _____ 52. Phone _____

53. Hospital _____

54.-55. To meet **Federal Reporting Requirements**

Please check the **one** income range that best describes your estimated household monthly income

I live alone	I live with one other person	I live with two other people
\$0-908	\$0-1226	\$0-1544
\$909 -1363	\$1227-1839	\$1527-2316
\$1354+	\$1840+	\$2317+

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56. **Proof of age** – Staff use only

- | | |
|-------------------|---------------------|
| OFA Records | Military ID |
| Driver's License | Notarized affidavit |
| Medicare Card | Other |
| Birth Certificate | Passport |
| ID Card | |

Date Entered _____ Center Version Sent _____

Card Issued _____ & file at front desk _____