

CLIENT REGISTRATION FORM

Registration Form Completion Date: _____
Date(s) Information Updated: _____

Last Name: _____ First: _____ M.I.: _____

Birthdate: ____ - ____ - ____ Age: ____

Address: _____

City: _____ State: _____ Zip: _____

Telephone : (____) _____ - _____

Gender: Female ____ Male ____

Race: _____

Ethnicity: _____

- 1 – Hispanic or Latino
- 2 – Not Hispanic or Latino
- 3 - Unknown

- 1 – American Indian/Native Alaskan
- 2 – Asian
- 3 – Black or African American
- 4 – Native Hawaiian or Other Pacific Islander
- 5 – White
- 6 – Other

Current Marital Status: ____ Single ____ Married ____ Separated ____ Widowed ____ Divorced

EMERGENCY CONTACT INFORMATION:

Primary Physician:

Name: _____ Office Phone: (____)____ - ____ Emerg. Phone: (____)____ - ____

Office Address: _____ City: _____ State: ____ Zip Code: _____

Relative/Friend:

Name: _____ Home Phone: (____)____ - ____ Work.Phone: (____)____ - ____

Address: _____ City: _____ State: ____ Zip Code: _____

Name: _____ Home Phone: (____)____ - ____ Work.Phone: (____)____ - ____

Address: _____ City: _____ State: ____ Zip Code: _____

SERVICES PLANNING INFORMATION:

	YES	NO		YES	NO
Abused/Neglected/ Exploited	_____	_____	Receiving Social Security	_____	_____
Cognitive Impairment	_____	_____	State Resident	_____	_____
Disabled	_____	_____	Rural	_____	_____
Employment Status	_____	_____	Understands English	_____	_____
Lives Alone	_____	_____	US Citizen	_____	_____
Frail	_____	_____	Head of Household	_____	_____
Homebound	_____	_____	Veteran	_____	_____
Medicare Eligible	_____	_____	Veteran Dependent	_____	_____

HOUSEHOLD MONTHLY INCOME: ____ 1 person ____ 2 people

1 Person **less than** \$902.50/Month _____ 1 Person **more than** \$902.50/Month _____

2 Persons **less than** \$1,214.16/Month _____ 2 Persons **more than** \$1,214.16/Month _____

CLIENT REGISTRATION FORM (page two)

Client Name: _____

NUTRITION INFORMATION:

	YES	NO
1. Has the client made any changes in lifelong eating habits because of health problems?	_____	_____
2. Does the client eat fewer than 2 meals per day?	_____	_____
3. Does the client eat fewer than five (5) servings (1/2 cup each) of fruits or vegetables every day?	_____	_____
4. Does the client eat fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?	_____	_____
5. Does the client sometimes not have enough money to buy food?	_____	_____
6. Does the client have trouble eating well due to problems with chewing/swallowing?	_____	_____
7. Does the client eat alone most of the time?	_____	_____
8. Without wanting to, has the client lost or gained 10 pounds in the past 6 months?	_____	_____
9. Is the client not always physically able to shop, cook and/or feed themselves (or to get someone to do it for them)?	_____	_____
10. Does the client have 3 or more drinks of beer, liquor or wine almost every day?	_____	_____
11. Does the client take 3 or more different prescribed or over-the-counter drugs per day?	_____	_____

DISCLOSURE STATEMENT

The Client Registration Form was developed to assist the Ohio Department of Aging (ODA) to 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 personal identifying information about a client (e.g., name, address, telephone number, social security number, etc.) will be released to the public without the client's prior written consent, or unless otherwise required under federal law.

The data collected (age, gender, race, income status, etc.) will be forwarded to the Area Agency on Aging and the ODA and summarized and reported to the Administration on Aging (AOA) in order to keep both state and federal legislators informed on the effectiveness 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 the above form in full, no client may be denied services for refusing to provide any of the information requested, including social security number.

If you have any questions, ask the staff to review this form and explain why this release is necessary. I wish to participate in the Congregate Meal program. I agree to abide by the rules and regulations associated with my program participation. I have been provided with information, my rights and my questions have been answered.

Registrant's Signature

Date

Witness Signature / Relationship

Date

I have reviewed / read / explained this Disclosure Statement with the client.

Provider Representative Signature

Date

Check here if client refused to sign Disclosure Statement: _____

**North Olmsted Senior Center
Hot Lunch Policies and Procedures**

1. All participants must be 60 years of age or older.
2. All participants must fill out a one time registration form. This form must be completed in its entirety and signed.
3. The lunch reservation sign up list will be made available on Monday mornings.
4. You must make your reservation the week before.
5. Each person is responsible for his/her own lunch reservation. You cannot place someone else's name on the list.
6. Reservations must be made in person; reservations will not be accepted over the phone.
7. All special reservation circumstances will be assisted by a staff member.
8. Please make sure that you sign your name as you receive your lunch ticket.
9. You must have a lunch ticket in order to receive a meal.
10. Please make sure that you are signed in by 11:25 a.m. All reservations will be forfeited by 11:30 a.m. and your ticket will go to the people who are on the waiting list.
11. **PLEASE DO NOT SAVE SEATS.** Sign your name on your ticket and put it where you want to sit, only your ticket saves your seat. Please be considerate and sensitive to people who are looking for a place to sit.
12. Announcements will take place at 11:45 each serving day. Please be considerate to your neighbors and do not talk during announcements.
13. We will make cancellation lists and waiting lists available at all times.
14. **CANCELLATIONS - In the event that you have a reservation for lunch and you will not be able to attend, you must call the senior center by 11:25 a.m. on or before that day to cancel your lunch. If you do not notify us and you fail to arrive by 11:25 a.m. it will be documented. After two times that you have failed to cancel and have been a "no show" we will suspend your lunch privilege for one week.**
15. Persons on the waiting list who are at nutritional risk will be given priority during each serving day.
16. Persons who are on the waiting list may receive a "waiting list ticket" on the serving day. They will be notified by a staff member if they can exchange their waiting list ticket for a "regular" lunch ticket.
17. The suggested donation for lunch is 75 cents.
18. We cannot make change. Please make sure that you have the correct amount due.
19. You are not permitted to take leftovers home. All cooked food must be consumed on site. The only exceptions are the following: Individually wrapped cookies, individually wrapped bread, fresh fruit (apple, plum, orange, etc.) and unopened milk can be taken home during the winter months. Staff members reserve the right to take any carry-out containers away.
20. Treat hot lunch volunteers with respect. Inappropriate outbursts will not be tolerated. Please ask to speak with a staff member or the Administrator if you would like to make a complaint.
21. If any of the above policies & procedures are not being adhered to the NOSC Administrator has the authority to discontinue service to any senior center hot lunch participant.