

Oconee County Senior Center

3500-B Hog Mountain Road ♦ Watkinsville, GA 30677 ♦ (706) 769-3979

VERY IMPORTANT! Please be sure to read the entire registration form. It is very important that your form is complete and signed in all highlighted spots so that the Senior Center is able to receive needed funding from federal and state sources. If you have questions, please contact Angela Helwig at 706-769-3979.

Senior Center Guidelines

Welcome to the Oconee County Senior Center where our mission is to positively impact our community by creating opportunities for healthy aging through social engagement, physical activity and well-being, civic involvement, creativity, and lifelong learning.

Our facility is located on the beautiful campus of Oconee Veteran's Park where the community center features an indoor walking track, fitness area and gymnasium. The 197 acre park offers outdoor walking trails, tennis courts, and fields which support soccer and baseball.

Our center is currently open Monday-Friday from 8 a.m. until 4 p.m. A calendar is published monthly featuring our schedule of programs and activities, exercise and educational classes, day and overnight trips, and information related to special events. For your convenience, a copy is included in your welcome packet and later online at www.oconeecounty.com under "Departments"- "Senior Center". In addition to our great programs and activities, we serve a hot lunch meal daily and provide transportation services to participants age 60 and older. There is no membership fee or cost for services; however, a voluntary contribution toward your meal and/or transportation is greatly appreciated.

The Oconee County Senior Center operates under specific state and federal guidelines set forth by the Department of Human Services/Aging Services Division and Oconee County government policies and procedures which provide a safe, happy and healthy environment for all participants. You will be asked, for reporting purposes, to provide information related to your medical history, current medications and emergency contact information. Please have a copy of your current address and telephone number, medications, name of your primary care physician and telephone number and any emergency contact information with telephone numbers available when completing your application for service. All information and documentation is held within the offices of the *Oconee County Senior Center* and will not be released without written permission from you, the program participant.

The Oconee County Senior Center and Veteran's Park is a "Smoke Free" campus. A set of "Guidelines for Participation" is attached, please review and sign them acknowledging that you understand and will comply. If you have any questions or comments, please call our office at (706) 769-3979.

Holiday Schedule

The following are the nine (9) holidays observed:

- New Year's Day – January
- Dr. Martin Luther King, Jr.'s Birthday – January
- Memorial Day – May
- Independence Day (July 4th) – July
- Labor Day – September
- Thanksgiving and the day after Thanksgiving – November
- Christmas Eve and Christmas Day – December

Inclement/Bad Weather

Freezing rain, sleet, snow and icing conditions may cause delayed transportation or possible cancellation of service to the center. Information regarding center ***closings will be announced on Oconee County's website, www.oconeecounty.com, local radio station WNGC (FM106.1), Atlanta news stations. If you do not see the information, please call our office at (706) 769-3979.*** A Senior Center staff member will follow-up with a telephone call to ensure those all seniors are notified.

Incidents and Accidents

If you are injured or become ill while at the center, staff will provide the following services to assist you:

- An ambulance will be called if there are any indications that you need medical attention.
- First Aide and/or CPR will be administered by staff until medical help arrives.
- Your emergency contact (family member or friend) will be notified.

A staff member will accompany you to the hospital and stay with you (for a reasonable amount of time) until a family member or friends arrive. It is your responsibility to pay for all medical services.

Congregate Meals

A nutritionally balanced meal is served weekly Monday through Friday at 11:30 a.m. Menus are approved by a state dietician to include **33 1/3% of the Recommended Daily Allowance (RDA) of nutrients**. A therapeutic meal will be available to participants who are diabetic.

The Congregate Meal Program is provided to all eligible participants who wish to participate. The cost for the Senior Center to provide this meal to you is **\$3.72**. You are not required to pay for your lunch, but you are encouraged to make a contribution if you are able. Your contributions are very important because along with money provided through the "Older Americans Act," federal, state and the local governments it assists with paying for meals. Donation envelopes are made available daily at the front desk and at the donation box located in the dining area so that your contribution is kept confidential. You may make contributions for your lunch as often as you are able and you may contribute as much money as you want. Cash or checks are accepted. Please make your checks payable to the **"Oconee County Senior Center."** Family and guests are always welcome to dine at the center, but they will be required to pay full cost for the meal and, a reservation in advance is recommended.

Special Occasions

If your family or friends wish to recognize a special occasion at the center, please have them contact a Program Coordinator in advance.

Eligibility & Guidelines for Senior Center Participation

Eligibility

The Oconee County Senior Center is operated under contract or agreement and may be funded in whole or in part through Older Americans Act funds, State general revenues, and other funding granted or appropriated through the Division of Aging Services for use in providing services

Eligibility of applicants for services is determined through an intake and screening process. In order to meet the criteria for services provided by the Senior Center:

1. You must be age 60 years or older;
 - a. be the spouse of a participant
 - b. be a disabled adult dependent of a participant
 - c. or a person age 50-60 years old and pay part or all of the costs associated with Senior Center services.

Guidelines for Participation

1. You must be willing to attend the center at least once a month for programs and activities;
2. You must be able to communicate your needs and perform routine “activities of daily living” (ADL) independently. This includes eating, toileting, and entering and exiting the van, and navigating the Senior Center;
3. You must be able to ambulate independently with/without assistive devices, or have a caregiver on hand who is able to assist you;
4. You must be continent or able to manage incontinence successfully and independently or have a caregiver on hand to assist you;
5. For your own safety and the safety of your fellow participants, no one exhibiting confusion or a tendency to wander may attend the center.
6. Complete compliance is expected with all established center policies and procedures, and agency policies with regards to reservations for meals and transportation, and voluntary contributions (see below).

Section 116.15 (d) Voluntary Contributions (Georgia DHR Division of Aging Services – 116 Fee-For-Service) Providers (the senior center) will clearly inform consumers that there is no obligation to make contributions and that receipt of services is not contingent upon making a voluntary contribution.

(e) Providers will protect the privacy and confidentiality of each consumer with respect to his/her contributions or lack of contribution.

(f) All contributions will be used to expand the service for which the contributions are given.

7. Behavior that interferes with the ability of other eligible participants to take full advantage of senior center programs and activities or home delivered meals programs may result in suspension and/or termination of services. This may include poor personal hygiene, disruptive behavior, or no longer meeting the criteria for participation in programs. No substance abuse, violence, or threat of violence, physical or verbal, will be tolerated under any circumstances. You may not come to the center under the influence of alcohol or consume alcohol while attending the Senior Center.

Please sign the following page to acknowledge that you have read and understood this document. Please keep this document for your information.

I, _____, have read and understand the Oconee County Senior Center Guidelines as stated in the foregoing pages of this document.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Oconee County Senior Center Registration & Medical Information

Today's Date: _____

CLIENT INFORMATION

Name: _____ Date of Birth: _____

Social Sec. No (optional): _____ Phone: _____

Alternate Ph: _____ Email address: _____

Address: _____

If you are a Meals on Wheels recipient or need bus transportation, please provide directions to your home: _____

How did you hear about the Oconee Senior Center? _____

Referring person, if applicable: _____ Relationship: _____

Address: _____ Phone: _____

<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic, Latino or Spanish origin</p> <p><input type="checkbox"/> Not Hispanic, Latino or Spanish origin</p> <p><input type="checkbox"/> Did not disclose</p>	<p>Race:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black, African-American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Other</p>	<p>Marital Status:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Did not disclose</p>
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EMERGENCY CONTACT INFORMATION

Contact #1 Name: _____ Relationship: _____

Home/work # _____ Cell # _____ Email: _____

Contact #2 Name: _____ Relationship: _____

Home/work # _____ Cell # _____ Email: _____

ADDITIONAL INFORMATION

Are you a veteran? Yes No

Living situation: Alone With Spouse With other family Other _____

Have you ever attended the Oconee County Senior Center before? Yes No

Do you wish to participate in Congregate Meals at the Center? Yes No
(Meals are available Monday through Friday at 11:45 am. Please sign up two days in advance.)

Will you need transportation to the center? Yes No Days needed: M T W T F

If you have your own transportation, what days will you attend? M T W T F

Which Senior Center activities interest you? _____

Date services to begin: _____	Next assessment due: _____
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MEDICAL INFORMATION

In case of an accident, illness or other medical emergency which may occur while you are participating in an activity at the Oconee County Senior Center, this information will be provided to the medical care team so that they will have the necessary information for treatment. **This information is confidential and will only be shared in cases of emergency.**

Physician Name: _____ Physician phone number: _____

Hospital Preference: Athens Regional Medical Center St. Mary's Hospital

Insurance: Medicare Medicaid Other _____

Please provide insurance type and number: _____

MEDICAL CONDITIONS & PRESCRIPTION INFORMATION

Medical Conditions (please describe):	Name of Medication	Dosage Amt.	Times per day

Are you diabetic? Yes No

Are you visually impaired? Yes No Are you hearing impaired? Yes No

Are you allergic to any foods or medications? Yes No

If yes, please list _____

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, give the Oconee County Senior Center staff permission to seek medical attention for me, if needed, and to give a copy of this form to the medical care provider.

PHOTO/VIDEO RELEASE AGREEMENT

I, the undersigned, give the Georgia Department of Human Services and the Oconee County Senior Center consent and agree that still photographs or motion pictures may be made of myself for the purpose of teaching, instruction, information and education of the general public. Yes No

HOLD HARMLESS AGREEMENT

I hereby release, absolve, and hold harmless the Oconee County Senior Center and the Oconee County Board of Commissioners, as well as representatives, employees, successors and assigns, for any and all claims for personal injury, property damage, death or other damages sustained while participating in county programs or while travelling in a county vehicle. I further release those parties named above from any liability, claim suit, or other action related to the preservation, release, or failure to release the medical information contained herein.

Client Signature: _____ Date: _____

If the client is physically unable to provide signature, the client may designate a personal representative to sign this form on their behalf

Personal Representative: _____ Date: _____

Relationship to Client: _____

Witness: _____ Date: _____

Oconee County Senior Center

Client Notification Form

Congregate Meals

(Staff member will fill out this form)

Date: _____ Mailed _____ Hand Delivered _____
Applicant's Name: _____
Address: _____

Based on the Senior Center's assessment or reassessment of your needs, this is to notify you that you will begin to receive services from our agency or that there will be a change in the services you have been receiving.

Service Enrollment

Our agency will begin to provide services on _____ according to the service agreement and plan arranged with you at the time of your registration.

*Frequency of services _____

Effective date of services _____

Reassessment and update

_____ You continue to be eligible for services and the service plan agreement remains the same for the number of hours/days per week that services will be provided.

_____ You continue to be eligible for services but the amount (number of hours/days per week) of service you receive has been adjusted according to your current service agreement and plan.

Reassessment and Termination

_____ You no longer need services, based on our reassessment of your condition and unmet need for care.

_____ Your condition and unmet need for care cannot be supported adequately by our services. We will refer you the Area Agency on Aging for assistance with arranging other service resources or options.

_____ You have not complied with the service agreement and plan and are not benefitting from the service.

_____ You have requested that we no longer provide services to you.

_____ Death of client or caregiver.

_____ Other reason for termination: _____

_____ If we are terminating services, you will continue to receive services as scheduled during the 21 calendar day period starting with the date of this notification. The last date this service will be provided is _____.

* If we are reducing your service or terminating your service agreement, you have the right to appeal that decision by contacting:

Staff Member: _____ at 706-769-3979, between the hours of 8 am and 4 pm, or you may contact us in writing at:

Oconee County Senior Center, 3500B Hog Mountain Road, Watkinsville, GA 30622.

Staff name/title: _____



Name of Individual

DOB of Individual

IF AVAILABLE

ID Number Used by
Requesting Agency

ID Number Used by
Releasing Agency

I hereby request and authorize:

Oconee County Senior Center

(Name of Agency Holding Information)

3500B Hog Mountain Road, Watkinsville, GA 30677

(Address)

to provide to:

Northeast Georgia Regional Commission

(Name of Agency Requesting Information)

305 Research Drive, Athens, GA 30605-2795

(Address)

The following types(s) of information from my records (and specific portions thereof):

Medical records, social information, Medicare and/or Medicaid information, Social Security or Supplemental Security, VA records or any other necessary information.

for the purpose of: Determining eligibility for appropriate services.

I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for. (PLEASE CHECK ONE)

ninety (90) days unless I specify an earlier expiration date here: _____

(Date)

one (1) year.

the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Signature of Witness)

(Date)

X

(Signature of Individual)

(Date)

(Title or Relationship to Individual(s))

(Signature of Individual)

(Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

(Signature of Individual)

(Date this Authorization is Revoked)

Oconee County Senior Center

Food Removal Waiver

I, _____ (client) am removing food from the Senior Center. I understand that I am removing food at my own risk. Food should be refrigerated as soon as possible or at least within 2 hours of removal from the Center. The food should be reheated to at least 165 degrees before consuming and discarded after 2 days. I understand that this is true every time I remove food from the Senior Center and will not hold the Senior Center or any of its affiliates liable for any illnesses or health issues related to food that I removed from the Senior Center.

Client Signature _____ Date _____

Witness _____ Date _____

Oconee County Senior Center
Client Rights and Responsibilities
Please read and sign.

The rights and responsibilities of clients of the Oconee County Senior Center include:

1. The right to be informed about the client's plan of service and to participate in the planning process.
2. The right to be promptly and fully informed of any changes in the client's plan of service.
3. The right to accept or refuse service.
4. The right to be fully informed of any charges for services, if applicable.
5. The right to be informed of the name, business telephone number and business address of the person supervising the client's services and how to contact that person.
6. The right to be informed of complaint procedures; the right to submit complaints without fear of reprisal; and the right to have complaints investigated within a reasonable period of time. The complaint procedure will include the name, business address, and telephone number of the person designated by the service provider to handle complaints and questions.
7. The right to have the client's records held in confidentiality.
8. The right to have the client's person, property and residence treated with respect.
9. The right to obtain written notice with the address and telephone number of the state licensing agency (if applicable) and additional explanation of the Department's responsibility for licensing providers and investigating client complaints which appear to involve licensing violations.
10. The right to obtain a copy of the provider's most recently completed report of licensure inspection (if applicable), from the provider, upon request.
11. The responsibility of the client, caregiver or any responsible party to advise the provider of any changes in the client's (or caregiver's) condition or any other changes or events that affect the client's (or caregiver's) service needs.
12. The responsibility of the client caregiver, or any responsible party to participate to the extent possible in ensuring the client's access to services. Such responsibility includes participating in care planning, ensuring safety of the client and staff, providing accurate information to service providers to facilitate referrals and service delivery, and updating providers about any changes to the client's situation that may impact the type, frequency, or quantity of services.
13. The responsibility of the client, caregiver, or any responsible party to ensure the safety of agency staff and/or volunteers by removing or remediating potential threats to safety.

Print Name of Client/Responsible Party: _____

Signature of Client/Responsible Party: _____ Date: _____

Oconee County Senior Center

Income Range Survey

This is optional information and will be kept confidential.

Please check your nearest yearly income range. Providing the Senior Center with this information will not affect your services.

\$0 _____

\$6,600 _____

\$7,200 _____

\$8,668 _____

\$9,600 _____

\$11,500 _____

\$12,060 _____

\$18,000 _____

\$22,800 _____

\$25,500 _____

\$30,000 _____

\$40,000 _____

\$50,000 _____

Or above _____



OCONEE COUNTY SENIOR CENTER receives generous donations from businesses and agencies in good faith to provide to our members (distributed on Wednesdays).

We are thankful for their generosity.

Please understand that when you accept a food donation at the Oconee County Senior Center, it is in good faith.

The Federal Bill Emerson Good Samaritan Food Donation Act protects the donor and the recipient agency against liability.

This Act provides protection for food and grocery products that meet all quality and labeling standards imposed by federal, state and local laws and regulations even though the food may not be "readily marketable due to appearance, age, freshness, grade, size, surplus or other conditions."

The Oconee County Senior Center and its donors are not liable should the product cause later harm.

In order to participate in food donations we require each member to have an insulated bag and to sign this waiver as being in agreement.

Please sign here:



Oconee County Senior Center

Nutritional Assessment

DETERMINE YOUR NUTRITIONAL HEALTH

The WARNING SIGNS of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk. This information will be kept confidential.

Read the statements below. **If a statement is true for you, circle the number in the right hand “YES” column.** Then add up the numbers for each yes answer. All info is kept confidential.

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

TOTAL YOUR NUTRITIONAL SCORE

IF IT'S:	
0-2	GOOD! Recheck your nutritional score in 6 months.
3-5	You are at Moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Check your score again in 3 months.
6 or more	You are at HIGH nutritional risk. Bring this checklist with you the next time you see your doctor, dietician or other qualified health or social services professional. Talk to them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Please review the information on the **next page** to learn more about the WARNING SIGNS of poor nutritional health.

Oconee County Senior Center
Food Security Survey

The information in this survey will be kept confidential.

During the last 30 days, how often was the following statement true?
The food we bought just did not last and we did not have money to get more.

Often Sometimes Never

During the last 30 days, how often was the following statement true? We could not afford to eat balanced meals.

Often Sometimes Never

In the last 30 days, did you or other adults in your household need to cut the size of your meals because there was not enough money for food?

Yes No

In the last 30 days, did you or other adults in your household ever skip meals because there was not enough money for food?

Yes No

In the last 30 days, did you eat less than you felt you should because there was not enough money for food?

Yes No

In the last 30 days, were you ever hungry but did not eat because you could not afford enough food?

Yes No

GETTING TO KNOW YOU

NAME: _____

What is (or was) your occupation? _____

If you wish, tell something about your work life: _____

Are you married? _____ If yes, please share something about your spouse. _____

Do you have children? _____ If yes, please share something about them. _____

Grandchildren? _____ If yes, please share something about them. _____

What are your hobbies and interests? _____

Please share something interesting about you or from your life. _____

In which activities will you participate at the Senior Center? *Check all that apply.*

Bridge, Canasta or other games Pool Ping Pong Puzzles

Exercise (*Zumba, Chair Zumba, Line Dancing, Senior Stretch, etc.*)

Computer class Educational presentations Arts & crafts

Wellness groups

Other _____