

2022 Jefferson County Office for the Aging Picnic

Tuesday, July 19, 2022

Westcott Beach State Park

10am - 2pm

(Rain Date: Wednesday, July 20, 2022)

<p style="text-align: center;"><i>By Wednesday, July 6, 2022,</i></p> <p style="text-align: center;">Send completed reservation form and your check made out to the: "Jefferson County Treasurer" to Jefferson County Office for the Aging 175 Arsenal Street, Watertown, NY 13601</p> <p>\$5.00 for individuals 60 and over \$9.00 for individuals under age 60</p>	<p style="text-align: center;"><u>Menu</u></p> <p>Pulled Pork on a Bun Salt Potatoes Coleslaw Strawberry Shortcake Beverages</p>
--	---

One reservation form per person – This form may be copied if another registration is needed!!

Jefferson County Office for the Aging Picnic Participant Registration

Legal Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

City/State: _____ (Check one): Male _____ Female _____

Zip Code: _____ Are you a veteran? Yes _____ No _____

Social Security # (or last four #): _____ Are you Frail/Disabled? Yes _____ No _____

Number in Household: _____ Marital Status _____

Lives with: (Circle one) Alone Non-Relatives Relatives Spouse & Others Spouse only

Are you also known by a nickname? If yes, what is the nickname? _____

Race (Check one): 2 or more races American Indian/Native Alaskan Asian
 Black/African American Native Hawaiian/Other Pacific Islander Other race White, Hispanic
 White, Not-Hispanic

Ethnicity (Check one): Hispanic/Latino Not Hispanic/Latino

Please check the category your monthly income falls within:

Single	<input type="checkbox"/> Below \$1,133	<input type="checkbox"/> \$1,134-\$1,563	<input type="checkbox"/> \$1,564-\$2,095	<input type="checkbox"/> \$2,096-\$2,663	<input type="checkbox"/> \$2,664+
Couple	<input type="checkbox"/> Below \$1,526	<input type="checkbox"/> \$1,527-\$2,106	<input type="checkbox"/> \$2,107-\$2,823	<input type="checkbox"/> \$2,824-\$3,586	<input type="checkbox"/> \$3,587+

<p>Emergency Contact:</p> <p>Name: _____</p> <p>Telephone: _____</p> <p>Address: _____</p> <p>Relationship: _____</p>	<p style="text-align: center;">*Must be completed if under 60 (CIRCLE ONE)</p> <p>Are you under 60 and the spouse of an eligible senior? Yes No</p> <p>Are you disabled and living in senior housing? Yes No</p> <p>Are you an eligible volunteer under 60? Yes No</p> <p>Are you disabled and living at home with eligible senior? Yes No</p>
--	---

Please answer the following questions:	Yes	No
Do you have an illness or condition that changes the kind and/or amount of food eaten?		
Do you eat fewer than 2 meals per day?		
Do you eat fewer than 2 daily servings of fruits?		
Do you eat fewer than 2 daily servings of vegetables?		
Do you eat fewer than 2 daily servings of milk products?		
Do you have 3 or more drinks of beer, liquor, or wine almost every day?		
Do you have tooth or mouth problems that make it hard to eat?		
Do you sometimes not always have enough money to buy needed food?		
Do you eat alone most of the time?		
Do you take 3 or more prescribed or over-the-counter drugs per day?		
Do you without wanting to, lost or gained 10 pounds in the past 6 months?		
Do you have a physical limitation that prevents you to shop, cook and/or feed yourself?		

The programs and services available under the auspices of the Office for the Aging are made possible by the contributions from program participants', the County of Jefferson, the NYS Office for the Aging and U.S. Administration on Aging.

Informed Consent to Capture and Record Personal Information

I hereby consent to my personal information contained in this Registration Form being saved in the Client Data System maintained by the New York State Office for the Aging and used by the local Office for the Aging. I understand that my information will not be shared with other agencies without my permission.

I understand that the information on this form may be sent to the State and federal government, and is used to improve the services offered and better meet my needs.

Signature

Date

Print

ATTESTATION

To be completed by worker

I attest that informed consent, as indicated, was obtained from the above individual, who provided his/her signature above. All appropriate processes were followed, and consent was provided voluntarily.

Worker Signature

Date

Worker Name (Print)

Congregate Site