Geauga County Department on Aging Registration

2027

Geauga County Department on Aging

For Senior Center Registration ONLY
**** Eligible Under 60 Guests are required to pay an Annual Fee of $25****
****Out of County Seniors are required to pay an Annual Fee of $25****

Name:_____
First Middle Initial Last

Date of Birth: _____/_____/_____ **Gender:** ☐ Female (F) ☐ Male (M)

Ethnicity: ☐ Hispanic ☐ Other **Primary Language:** ☐ English ☐ Other:_____

Race: ☐ White ☐ Black/African Amer. ☐Asian ☐ Hawaiian ☐Amer. Indian ☐ Other_____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other_____

Home Address: _____
Street Town/City Zip

Mailing Address (if different):_____
Street Town/City Zip

County: _____

Home Phone Number:_____ **Cell Number:**_____

Newsletter Preference: ☐ Mailed ☐ Emailed – Email Address:_____

IN CASE OF EMERGENCY

Emergency Contact: _____ **Relationship:**_____

Home Phone Number:_____ **Cell Number:**_____

MEDICAL INFORMATION (OPTIONAL)

Allergies:_____ **Medical Conditions:**_____

Medications:_____

Primary Residence: ☐ House/Mobile Home ☐ Private Apt. ☐ Private Apt. in Senior Housing
☐ Assisted Living ☐ Nursing Home ☐ Other:_____

Living Arrangement: ☐ Alone ☐ With Spouse/Partner ☐ With Spouse/Partner & Child
☐ With Child/Children ☐ With Other _____

Number of Persons in Household:_____

Monthly Income: **$**_____ (Individual) **$**_____ (Household)

Poverty: ☐ Yes ☐ No (Mark **YES** if Individual monthly income is below $1,330.00/ Household $1,803.33

Waiver : ☐ Yes ☐ No (Mark **YES** if Individual monthly income is below $1,995.00/ Household $2,705.00

Rural: ☑ Yes

Optional Demographics: ☐ US Citizen ☐ Veteran ☐ Veteran Dependent ☐ Disabled ☐ Frail ☐ Holocaust Survivor
☐ LGBT ☐ Lmt. English Speaking ☐ Diabetic ☐ Arthritis ☐ Parkinson's Disease ☐ Dementia/ Alzheimer's Disease

The Geauga County Department on Aging welcomes and serves all individuals regardless of race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or any other status protected by applicable law.

***** "Eligible Under 60 Guest" is defined as a person under 60 who is married to a Geauga County Registered Senior.***
***** Under 60 Geauga Residents and Out of County Seniors are not qualified to receive Administrative and In-Home Services.***

PHOTO RELEASE

The Department on Aging frequently takes photos of different programs for archival and publicity purposes. In the event the Department on Aging uses any photos on the agency website or in agency publication materials, the Department on Aging will attempt to contact persons in such photos for consent.

AUTHORIZED RELEASE

☐ I formally authorize the release of information obtained in this registration to the following individual/agency:

_____

DISCLOSURE STATEMENT FOR GDA & FEDERALLY FUNDED PROGRAMS UNDER OAA

The Ohio Department of Aging, GDA and the Western Reserve Area Agency on Aging require that select information and data be collected on program participants in order to determine eligibility and monitor programs under the Older Americans Act. All personal information will be safeguarded to the extent permitted by law. While you will not be denied services based on refusal to provide information, lack of demographic data can adversely effect future funding. Eligible seniors for Federally Funded Programs cannot be denied services based on race, religion, gender, sexual orientation, gender identity, age, national origin, physical or mental disability, or any other basis prohibited by law or ability to pay or donate.

Older American Act & GDA program participants have the right: *To be treated with dignity and respect without regard to Race, Color, Age, Sex, Disability, Religion, or National Origin; Receive eligible services regardless of one's ability to make a donation or co-pay for these services; Know (family or designee to know) the name and title of staff persons with whom contact is made; Be informed of services and agency/program expectations in reasonable terms that can be understood; receive an explanation of the program and participate in decision-making related to services; Be assisted by professional and competent staff; Be informed of changes to the agency and programming as it relates to eligible services; Receive appropriate services in a safe and sanitary environment; Receive nutritious and sanitary food (nutrition program); Feel free from threats to personal safety and the loss of personal possessions; Have one's privacy respected and the confidentiality of personal records safeguarded to the extent permitted by law; Be provided with an opportunity to authorize in writing, the release of records and/or health information and file a grievance if necessary without fear of retribution or retaliation.*

Older Americans Act & GDA program participants will: *Treat agency staff and other program participants with courtesy and respect without regard to Race, Color, Age, Sex, Disability, Religion, or National Origin; Cooperate with agency directions, rules and regulations to the best of ones ability; Provide necessary information to document eligibility for funded services; Adhere to the specific guidelines related to each program in which you are enrolled to ensure the agency gets continued funding; Keep the agency informed of changes in status effecting program participation and/or continued eligibility; Refrain from swearing or abusive language; Avoid initiation of, or participation in, any situations involving violent, harmful, threatening or abusive behaviors; Respect and safeguard agency property, equipment and supplies; Not offer gifts, tips or bribes to program staff because they are not permitted to accept them; Communicate problems or areas of concern to appropriate staff.*

PARTICIPATION WAIVER

In consideration of the Geauga County Department on Aging providing me with programming and services, I intending to be legally bound for myself, my heirs, executors and administrators hereby waive and release, indemnify and hold harmless the Geauga County Board of Commissioners and the Geauga County Department on Aging, their employees, agents and servants from and against any and all rights, actions, suits, proceedings, costs, expenses, damages, demands, claims and/or any other liability whatsoever, including attorneys' fees, which may arise out of, are connected with, or result in any way from such Department on Aging's Programming and Services. Nothing herein shall be construed to require that I am liable for the negligence of the Department on Aging.

I have fully informed myself of the contents of the disclosure and the releases by reading this information before I signed it.

_____ _____

Signature Date

**SIGNATURE IS REQUIRED TO REGISTER WITH THE DEPARTMENT ON AGING AND PARTICIPATE IN AND/OR RECEIVE AGENCY PROGRAMS AND SERVICES*

Mail Registration to: **Geauga County Department on Aging**
12611 Ravenwood Drive, Suite 200
Chardon, Ohio 44024

or **Return Registration to Any Senior Center Location**

Questions? Call 440-279-2130

STAFF ONLY:

☐ Client was provided assistance in completing GDA's registration from (Staff Name):_____

☐ I have discussed/explained/read the disclosure and releases with the client (Staff Initials): _____

Card Issued at the following: BSC_____ MF_____ CHSC_____ WG_____

DATE ENTERED INTO WELLSKY _____ STAFF NAME_____