Aging Up Community Center Membership Packet

Wilmington Savings Bank Clinton County Aging Up Community Center

Clinton County Community Action Program, Inc.

717 North Nelson Avenue, Wilmington, Ohio 45177. Phone: 937-382-7170

How to use this packet

You can fill in this packet on a computer or print it and fill it in by hand. Then sign each form and bring the packet to the Aging Up Community Center, or mail it to the address above.

This packet has six parts:

1. Member Information
2. Release Form for Using the Exercise Equipment
3. Authorization of Release of Information
4. NAPIS Client Registration
5. Eligibility and Code of Conduct
6. Waiver and Release

Parts 3 and 4 also need a staff signature. Staff will review them with you at the center. Questions? Call the center at 937-382-7170.

Part 1: Member Information

This form is for:

◯ New member enrollment ◯ Update existing membership

Name

Birthday

Home phone

Cell phone

Address

City

Zip code

County

Township

Email address

In case of emergency, please contact

Name

Relationship

Address

City

Zip code

Home phone

Cell phone

Authorization and release

I agree to release from liability CCCAP, Senior Operations staff and volunteers for any injury or accidental illness incurred by me. In event of an emergency, first aid will be administered by a competent person. I give permission to the person in charge to summon an emergency squad to assist in my assessment and transport to the nearest hospital.

Signature

Date

New members only: How did you hear about the Senior Center?

Office use only

- ☐ Posted to database
- ☐ Added to mailing list
- ☐ Signed exercise room waiver
- ☐ Added to keypad

Part 2: Release Form for Using the Exercise Equipment

I have been instructed on how to operate the exercise equipment at the Aging Up Center. I understand the operation of the equipment. I release Clinton County Community Action from injury and/or liability if I become injured from use of the equipment.

Signature

Date

Part 3: Authorization of Release of Information

I, the undersigned, hereby authorize any entity providing services under or administering the Clinton County Community Action Senior Services Program to receive medical and non-medical information from and to release medical information to:

1. Any physicians or hospitals involved with my care
2. Any entity which may be involved in my care for the purpose of planning services to meet my needs
3. Any Federal, State, or County agency for the purpose of evaluating the program in which I am enrolled through the Clinton County Community Action Senior Program or for the purpose of auditing the program administration agency, the Council on Aging of Southwestern Ohio or any entity which may be involved in my care

This authorization includes recipients and release of information concerning treatment of drugs or alcohol abuse, drug-related conditions, alcoholism, mental illness, HIV status and/or diagnosis of AIDS or AIDS-related condition.

I understand that this authorization will remain valid until I leave the program in which I am enrolled through the Clinton County Community Action Senior Services Program for the purpose of the disclosure permitted by items 1 and 2 above. After I leave the program in which I am enrolled through the Clinton County Community Action Senior Services Program, this authorization shall remain valid for the purpose of the disclosure permitted in item 3 above.

My signature indicates that I have read and understood this consent form or have had this form read and explained to me.

Client signature

Date

Provider signature

Date

Part 4: NAPIS Client Registration

Updated 7/30/24. For Congregate Meals, Home Delivered Meals, Transportation, Adult Day, and Personal Care.

Date

First name

Middle initial

Last name

Address

City

State

Zip code

Telephone number

Date of birth (month/day/year)

Race (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other

Ethnicity:

- ◯ Hispanic or Latino
- ◯ Not Hispanic or Latino

Primary ethnic group:

- ◯ American Indian or Native Alaska

- ◯ Asian
- ◯ Black/African
- ◯ Native Hawaiian/Other Pacific Islander
- ◯ White-Hispanic
- ◯ Non-Minority (White, Non-Hispanic)
- ◯ Missing

Gender identity:

- ◯ Female
- ◯ Male
- ◯ Non-Binary
- ◯ Transgender-Male
- ◯ Transgender-Female
- ◯ Other
- ◯ Non-Discloser

Marital status:

- ◯ Single
- ◯ Married
- ◯ Separated
- ◯ Divorced
- ◯ Widowed

Living arrangement:

- ◯ Lives alone
- ◯ With spouse/partner
- ◯ With spouse and child
- ◯ With child/children
- ◯ With others

Number in household:

◯ 1 person ◯ 2 people ◯ 3 people ◯ 4 people

Income amounts by household size: 1 person, $23,107. 2 people, $31,284. 3 people, $39,461. 4 people, $47,638.

Is your household annual income above or below the amount for your household size?

◯ Above ◯ Below

Disabled? (Definition: Having a disability attributable to mental or physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: A) Self-care, B) Receptive and expressive language, C) Learning, D) Mobility, E) Self-direction, F) Capacity for independent living, G) Economic self-sufficiency, H) Cognitive functioning, and I) Emotional adjustment.)

Disabled?

◯ No ◯ Yes

Nutrition and health risk

1. Have you made any changes in lifelong eating habits because of health problems?

◯ Yes ◯ No

2. Do you eat fewer than 2 meals per day?

◯ Yes ◯ No

3. Do you eat fewer than 5 servings (1/2 cup each) of fruit or vegetables every day?

◯ Yes ◯ No

4. Do you eat fewer than 2 servings of dairy products (milk, yogurt, cheese) every day?

◯ Yes ◯ No

5. Do you sometimes not have enough money to buy food?

◯ Yes ◯ No

6. Do you have trouble eating well, due to problems with chewing/swallowing?

◯ Yes ◯ No

7. Do you eat alone most of the time?

◯ Yes ◯ No

8. Without wanting to, have you lost or gained 10 pounds in the last 6 months?

◯ Yes ◯ No

9. Are you not always physically able to shop, cook and/or feed yourself (or get someone to help you)?

◯ Yes ◯ No

10. Do you have 3 or more drinks of beer, liquor or wine almost every day?

◯ Yes ◯ No

11. Do you take 3 or more prescribed and/or over-the-counter drugs every day?

◯ Yes ◯ No

Disclosure statement

All information obtained will be kept confidential. Personal identifying information about you will be entered into a secure database. Summarized data will be reported to the Administration on Aging to keep both state and federal legislators informed of the effectiveness of senior programs (as required by the Older Americans Act Reauthorization). You may not be denied services for refusing to provide any of the information requested.

Applicant signature

Date

I have discussed/read/explained the Disclosure Statement with the Client.

Provider signature

Date

Part 5: Eligibility and Code of Conduct

Clinton County Community Action Program / Clinton County Aging Up Community Center

Clinton County Community Action Program ("CCCAP") offers a wide variety of senior services that operate out of the Wilmington Savings Bank Clinton County Aging Up Community Center located at 717 North Nelson Avenue in Wilmington, Ohio ("the Center"). The Center promotes the physical well-being of its members. By providing enrichment opportunities through classes, workshops and events, participants gain knowledge and skills, overcome isolation, gain access to essential services, and enhance their health through the congregate lunch program and array of fitness classes and activities. Maintaining a welcoming, orderly and safe atmosphere is essential to the successful operation of the Center.

In accordance with applicable law, CCCAP prohibits discrimination against activity participants, Center members and Center staff and volunteers, on the basis of their race, color, sex, age, religion, disability, national origin, or any other characteristic protected by applicable law. This means that no one shall be excluded from participating in the Center's activities, or otherwise denied access to the Center's benefits, on the basis of a protected characteristic.

Requirements for Center membership and activity eligibility

Individuals who participate in activities sponsored by the Center, or who otherwise make use of the Center, must:

1. Be 50 years of age or older (please note: due to funding agency regulations some activities must be limited to participants who are 60 years or older, or a fee may be assessed for participants under the age of 60).
2. Designate a current emergency contact person whose information is kept up to date.
3. Be able to understand and follow simple directions.
4. Have the cognitive ability to recognize time and space. If an individual does not have this ability, she/he must have an aid, assistant, or caregiver present to accompany and assist them at all times.
5. Be ambulatory with or without the assistance of a wheelchair or other personal assistance devices for ambulation. CCCAP reserves the right to require a participant to have an aid, assistant, or caregiver always accompany them when at the Center if a participant is unable to ambulate independently.
6. Be continent of bowel and bladder or be able to self-manage incontinence issues.
7. Practice appropriate hygiene.
8. Be able to care for oneself (eating, toileting, etc.), or if not, have an aid, assistant, or caregiver present to accompany them at all times.
9. The Center is a recreational facility offering programming for individuals, generally age 50 and older, with the ability to independently maneuver through the Center and participate in its activities. Center staff will determine if participants are required to be accompanied by a care attendant when participating in programs at the Center. Individuals who require assistance (due to memory impairment, incontinence, being wheelchair bound, etc.) may conditionally participate in Center activities with the aid of a care attendant or family member. The care attendant is required to remain on the premises for the duration of the individual's visit to the Center. Care attendants who

meet the Center's eligibility criteria themselves are encouraged to participate in Center activities. If a member is unable to function independently without a care attendant, we cannot accommodate them without the assistance of a care attendant.

Code of conduct

Individuals who participate in Center activities, or who otherwise utilize the Center and programs, are expected to adhere to this Code of Conduct as a condition of their participation and/or membership at the Center. Unfortunately, it is not possible to list every single expectation of participants. Therefore, CCCAP reserves the right to amend the Code of Conduct as deemed necessary in its sole discretion, and apply the Code of Conduct to behavior that is not specifically addressed herein but would reasonably be expected of individuals who participate in the Center's program and access the Center's benefits or facilities.

1. Please be considerate of others by setting a positive example. Treat others with kindness, courtesy, and respect. Take a moment to say hello to others or introduce yourself to a "newcomer." The Center's operation is dependent on volunteers, and we encourage you to join our volunteer family. Volunteers and staff should always be treated respectfully.
2. Please refrain from using abusive, threatening, intimidating, insulting, or suggestive language. Any use of slurs or epithets is prohibited. Should you at any time be made to feel uncomfortable by the language or behavior of others, please immediately notify CCCAP staff.
3. Engaging in, or threatening, physical violence, assault, battery, unwanted/unsolicited touching using hands, arms, feet or legs, which may include pushing, kicking, biting, spitting, and punching, is strictly prohibited.
4. Destruction of an individual's personal property, theft, or destruction of the Center's property is prohibited.
5. To protect and enhance the life of our facility and furnishings, food and drinks are not permitted in the Center's lobby area or the lobby computer desk.
6. Please be considerate of others when using the facility. Keep feet off chairs, tables, counters, and treat furnishings, facilities, and equipment with care. Reclining or sleeping on the furniture is prohibited.
7. Should you wish to circulate a petition or survey, sell tickets for an organization or event, or take photographs in the Center, please seek the approval of the Director. Some types of activities are prohibited in public buildings, such as soliciting money for personal use and soliciting personal business.
8. If any non-CCCAP program, funded by a private or government agency, sends a group of two or more clients to the Center for services, those individuals must be accompanied by a representative of that agency or organization.
9. The board of CCCAP has determined that the possession of a deadly weapon, as defined by Ohio Revised Code 2923.11(A), as amended, on the Center's premises and/or in a vehicle operated by the Center is detrimental to the safety and welfare of members, staff, and visitors. It is prohibited. Violation of this policy may result in expulsion of the offender, and the matter may be reported to law enforcement officials. (ORC 2923.11(A): "Deadly weapon means any instrument, device, or thing capable of

inflicting death and designed or specially adapted for use as a weapon, or possessed, carried, or used as a weapon.")

10. Please do not attend the Center or any programs if you are ill.

Consequences of inappropriate behavior

Violations of the Center's Code of Conduct are prohibited by participants in all Center programs. If you witness, or are subject to, behavior or actions of another in violation of the Code of Conduct, please immediately inform Center staff. Management will determine when the Code of Conduct has been violated and will implement any or all the following disciplinary actions, which may be taken in any order depending on the nature of the violation and/or a participant's history of prior violations:

1. Verbal discussion between staff and participants, documented in writing
2. Written warning issued to participants from the Executive Director of CCCAP
3. Suspension of Center privileges for the remainder of the day on which the incident occurred
4. 90-day suspension from participating in any Aging Up Center activities and programs
5. Loss of privileges to attend any future Center activities and programs
6. Request for assistance from police in response to dangerous or threatening circumstances or behaviors

Aging Up Community Center members who return to the Center in violation of the suspension order will be asked to leave by the Center staff. Should this approach be unsuccessful, law enforcement will be called to protect the safety and welfare of others.

Signature

Date

Print name

Part 6: Waiver and Release

In exchange for participating in activities sponsored by CCCAP, or otherwise utilizing the Center's facilities, the undersigned agrees and acknowledges as follows:

1. I agree to keep my contact information up to date at the Center.
2. I acknowledge that while participating in any physical fitness activity or program at the Center, certain risks and dangers may be present, which may result in personal injury, property damage and/or death. I am knowingly and voluntarily participating in any such activity with the express understanding of the potential dangers involved and agree to assume all risks of injury, disability, death and/or property damage resulting therefrom.
3. I certify that I am physically able to participate in physical fitness, or other, activities at the Center, and have obtained approval from my physician to participate in such activities.
4. I consent to receive medical treatment deemed necessary if I am injured or require medical attention during my participation in any activity sponsored by CCCAP.
5. I consent to CCCAP's use of my name and image, whether via photograph, film or otherwise, for its marketing or other business-related purposes, without any compensation.
6. I release and forever discharge CCCAP, the Center, and their Board members, agents, employees, and volunteers, from any and all actions, causes of action, liability, claims or demands for or by reason of any damage, loss, or injury which I may have as a result of my participation in activities sponsored by CCCAP and/or use of the Center.

CCCAP reserves the right to rescind the membership of an individual who cannot satisfy the Center's membership requirements, and/or violates the Clinton County Community Action Program / Clinton County Aging Up Community Center Eligibility and Code of Conduct document.

Signature

Date

Print name