

MEMBERSHIP FORM

WELCOME TO THE PADUCAH MCCrackEN SENIOR CENTER. AS A NEW PARTICIPANT AND CURRENT MEMBER, OUR FEDERAL GRANT REQUIRES THAT WE COLLECT THE FOLLOWING INFORMATION. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

Date: _____

Staff : _____

Full Name : _____

Date of Birth : _____

Age Verified : Driver License Birth Certificate Passport Military I.D.

Gender : ☐ Male ☐ Female

Address : _____

County of

E-Mail : _____

Residence : _____

Phone Number : _____ # of people living : _____
in your home

Marital Status : ☐ Single ☐ Married ☐ Divorce ☐ Other

Emergency Contact : _____ Phone : _____

Ethnicity : White/Non-Minority Hispanic Black/African-American Asian/Pacific American Indian/Alaskan

Household Situation : Do you live alone with spouse with children with relatives not reported

Income Poverty Level : Over Under

YES OR NO QUESTIONS *Circle Response* NUTRITIONAL RISK *Circle all that Apply*

Disabled	Yes	No
Female Head of Household	Yes	No
Frail	Yes	No
State Resident	Yes	No
Tribal	Yes	No
Understands English	Yes	No
US Citizen	Yes	No
Veteran	Yes	No
Veteran Dependent	Yes	No
NSIP Meals Eligible	Yes	No
Cognitive Impairment	Yes	No
Difficulty Hearing	Yes	No
Vision Impairment	Yes	No

0	None
2	I have an illness or condition that made a change in the amount and/ or kind of food I eat
3	I eat fewer than 2 meals per day
2	I eat fruits or vegetables or milk products
2	I have 3 or more drinks of beer or alcohol every day
2	I have tooth or mouth problems that make it hard to eat
4	I don't always have enough money to buy food I need
1	I eat alone most of the time
1	I take over 3 different prescribed or over the counter meds daily
2	Without wanting to, I have gained/lost 10 lbs. in the last 6 months.
2	I am not always physically able to shop, cook, and/or feed myself.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS) ACTIVITIES OF DAILY LIVING(ADLS)

Meal Prep	Yes	No
Shop/Errands	Yes	No
Lgt. Housework	Yes	No
Hvy. Housework	Yes	No
Pay bills/handle money	Yes	No
Medication Mgmt.	Yes	No
Use telephone	Yes	No
Laundry	Yes	No
Able to Drive	Yes	No

Feed Your Self	Yes	No
Transfer Bed to Chair	Yes	No
Toileting-Bathroom	Yes	No
Dressing	Yes	No
Grooming	Yes	No
Walking	Yes	No

***IADLS & ADLS (ONLY COUNT NO ANSWERS)**

COMMENTS

ACCEPTANCE OF CLIENT I.D. CARD

Terms and Conditions

Name

Telephone Number

*This card shall be used to register my attendance and participation in programs & activities at the Paducah/McCracken Senior Center. I understand it is my responsibility to use this identification card to access the system and accurately enter the services I will participate in while at the Center. I will not allow anyone else to use my identification card. **In the event my identification card is lost, a new card will be issued, and a \$1.50 replacement fee will be paid.***

THE SIGNATURE BELOW CONFIRMS ACCEPTANCE OF THE TERMS AND CONDITIONS FOR USE OF MY SENIOR CENTER I.D. CARD.

Please Read & Initial

-I understand I am voluntarily participating in activities, events, and exercise opportunities and hold PMCSC harmless or responsibility in the event of an accident or injury.

-I grant permission for PMCSC to take photographs of me and use these images in print and/or electronically to promote PMCSC in any lawful manner.

Signature

Date