

## Broome County Office for Aging ID Card

**Please complete both sides of application and submit with Proof of Age**

<p><b>1. Please print the name of the location where you are getting your ID Card:</b>  <input type="checkbox"/> Center _____ <input type="checkbox"/> Mail _____ <input type="checkbox"/> Office _____</p> <p><b>2. Today's Date</b> _____ (Date last Reviewed)</p> <p><b>3. The year you first came to a senior center or received and Office for Aging ID Card</b> _____</p> <p><b>4. First Name</b> _____</p> <p><b>5. MI</b> _____</p> <p><b>6. Last Name</b> _____</p> <p><b>7. Any other name you regularly use. (Nickname)</b>          _____</p> <p><b>8. What is your current marital status?</b>  <input type="checkbox"/> Married <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed <input type="checkbox"/> Separated  <input type="checkbox"/> Never Married <input type="checkbox"/> Civil Union</p> <p><b>9. Are you?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>10. What is your date of birth?</b> _____</p> <p><b>11. Social Security Number</b> – Please enter to ensure we have the correct person in our records          _____ - _____ - _____</p> <p><b>12. What is your home phone?</b> _____ - _____</p> <p><b>13. Street Address</b> _____</p> <p><b>14. City</b> _____</p> <p><b>15. State</b> _____ <b>16. Zip Code</b> _____</p> <p><b>Do you live in Town of Union?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>16a County</b> _____</p> <p><b>17. Mailing address</b> if different          _____</p> <p><b>18. Are you frail or disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>19. Are you a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>20. Are you a Veteran's spouse?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>21. What is the highest level of formal education you completed?</b>  <input type="checkbox"/> 8<sup>th</sup> grade or less <input type="checkbox"/> College or technical school  <input type="checkbox"/> 9 – 11 grades <input type="checkbox"/> Bachelor's Degree  <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate Degree</p> <p><b>22. Please check the way/s you usually get to places</b>  <input type="checkbox"/> Drive <input type="checkbox"/> OFA Bus Senior Van  <input type="checkbox"/> County/City Bus <input type="checkbox"/> Taxi  <input type="checkbox"/> BC Lift <input type="checkbox"/> Escort needed  <input type="checkbox"/> Others Drive</p> <p><b>23. Do you own or rent your home?</b>  <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other</p> <p><b>24. Do you live in a single or multiple family building?</b>  <input type="checkbox"/> Single <input type="checkbox"/> Multiple</p> <p><b>25. Do you live in a rural/country area served by BC Country?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>26. Race</b> – Check all that apply (P for Primary)  <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or other Pacific Islander  <input type="checkbox"/> White</p> <p><b>27. Are you Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>28. How many people live in your home including yourself?</b> _____</p> <p><b>29. Please tell us who you live with. Check one</b>  <input type="checkbox"/> Alone <input type="checkbox"/> Friend/s  <input type="checkbox"/> Spouse only <input type="checkbox"/> Home of another  <input type="checkbox"/> Child/children only <input type="checkbox"/> Others not spouse or child  <input type="checkbox"/> Spouse and child <input type="checkbox"/> Significant other  <input type="checkbox"/> Other family member</p> <p>Signature _____</p> <p>Staff/Volunteer _____</p>
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## Broome County Office for Aging ID Card

**If you have meals at a senior center, which kind of meals do you order?**

- Regular     No Concentrated Sweets NCS (for diabetics and weight lost)

*The Administration on Aging requests the following information if you are attending a Senior Center or Nutrition Program. This is the National Nutrition Screen. Please answer all questions by circling Yes or No*

- |   |     |    |
|---|-----|----|
| 30. Has an illness or condition made you change the kind or amount of food you eat?                           | Yes | No |
| 31. Do you eat fewer than 2 meals per day?  | Yes | No |
| 32. Do you eat fewer than 5 servings (1/2 cup) of fruits or vegetable every day?                              | Yes | No |
| 33. Do you eat fewer than 2 servings of dairy products (milk, yogurt or cheese) every day?                    | Yes | No |
| 34. Do you have 3 or more drinks of beer, liquor or wine almost every day?                                    | Yes | No |
| 35. Do you have trouble eating well due to problems with chewing or swallowing?                               | Yes | No |
| 36. Do you sometimes not have enough money to buy food?   | Yes | No |
| 37. Do you eat alone most of the time?  | Yes | No |
| 38. Do you take 3 or more different prescribed or over-the-counter drugs per day?                             | Yes | No |
| 39. Without wanting to, have you lost or gained 10 pounds in the past 6 months?                               | Yes | No |
| 40. Are you not always physically able to shop, cook and/or feed yourself (or get some one to do it for you)? | Yes | No |
| 41. Have you made any changes in your lifelong eating habits because of health problems?                      | Yes | No |

Please check any **activities that you have needed help with in the past 7 days.**

*This information will help the Office for Aging to plan services that may be needed in the community. (42)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bathing (a)                        | <input type="checkbox"/> Toileting (f)                    | <input type="checkbox"/> Heavy housework (k)          |
| <input type="checkbox"/> Walking (b)                        | <input type="checkbox"/> Eating (g)                       | <input type="checkbox"/> Meal Preparation (l)         |
| <input type="checkbox"/> Transferring in and out of bed (c) | <input type="checkbox"/> Shopping (h)                     | <input type="checkbox"/> Managing money and bills (m) |
| <input type="checkbox"/> Dressing (d)                       | <input type="checkbox"/> Transportation (i)               | <input type="checkbox"/> Using the telephone (n)      |
| <input type="checkbox"/> Personal Hygiene (e)               | <input type="checkbox"/> Light housekeeping (laundry) (j) | <input type="checkbox"/> Managing medications (o)     |

**Emergency Contact Information**

*Please provide a **local** emergency contact to keep on record at centers you regularly attend or on file at the main office.*

43. Name \_\_\_\_\_ 44. Home phone \_\_\_\_\_ - \_\_\_\_\_

45. Business phone \_\_\_\_\_ - \_\_\_\_\_ 46. Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

47. Address \_\_\_\_\_

*In case of a medical emergency at a senior center what physician and what hospital would you prefer?*

51. Physician \_\_\_\_\_ 52. Phone \_\_\_\_\_

53. Hospital \_\_\_\_\_

**54.-55. To meet Federal Reporting Requirements**

Please check the **one** income range that best describes your estimated household monthly income

I live alone	I live with one other person	I live with two other people
\$0-867	\$0-1167	\$0-1467
\$868-1300	\$1168-1750	\$1468-2200
\$1301+	\$1751+	\$2201+

**56. Proof of age – Staff use only**

- |                   |                     |
|-------------------|---------------------|
| OFA Records       | Military ID         |
| Driver's License  | Notarized affidavit |
| Medicare Card     | Other               |
| Birth Certificate | Passport            |
| ID Card           |                     |

Date Entered \_\_\_\_\_ Center Version Sent \_\_\_\_\_

Card Issued \_\_\_\_\_ & file at front desk \_\_\_\_\_