

SENIOR PROGRAM PARTICIPANTS

The information on this form will be used to (1) help improve programs for seniors, and/or (2) find out if you qualify for a program. It may be shared with the Maryland Department of Aging (MDoA).

The Calvert County Office on Aging and MDoA will not voluntarily share any facts that identify you with anyone except people working for them who need the facts to perform their jobs. Facts that identify you include your name, social security number, address, and telephone number.

You may refuse to give some or all of the information requested. However, if a program is only for people who meet its qualifications (such as age, income or health condition), and you do not share the facts that show you qualify, you may not be able to take part in that program. The Calvert County Office on Aging staff can tell you the qualifications which will affect your eligibility for a program.

You may look at a record that identifies you to make sure the facts are correct by writing to the Calvert County Office on Aging, 450 West Dares Beach Road, Prince Frederick, MD 20678 or MDoA, 301 West Preston Street, Suite 1007, Baltimore, MD 21201.

Revised 1/2012

Date: _____ Social Security Number: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (Home): _____ (Work): _____

Emergency Contact: _____ Telephone Number: _____

Emergency Contact Relationship: (daughter, son, etc.) _____

Doctor: _____ Telephone Number: _____

Please circle the answer that applies to you:

Marital Status:

Married Single
Widowed Separated
Divorced

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

Living Arrangements:

A. Do You:
Races
Live Alone
No, lives with spouse/friend
No, lives with disabled adult child
No lives with family/adult children
No lives with hired caregiver/assisted living

Race:

American Indian or Alaskan Native Asian
Black or African American 2 or More
Native Hawaiian or Other Pacific Islander White
Other

Limited English Proficiency: Do you have trouble speaking or understanding the English language? Yes No

B. Number of persons in household: _____

Poverty Level: \$ 908 Monthly Income-Single
\$1,226 Monthly Income-Couple

Above Below
(Con't-please turn over)

Name: _____
(Please Print)

Date: _____

Determine Your Nutritional Health

Please complete this section if you receive any of the following services:

- Home Delivered Meals (Meals on Wheels)
- Congregate Meals (Eating Together Program)
- Nutrition Counseling
- Case Management

Check the answer that applies to you	YES	NO
1. I have an illness or condition that made me change the kind and/or amount of food I eat.		
2. I eat fewer than two (2) meals per day. 3.		
3. I eat few fruits or vegetables, or milk products.		
4. I have three (3) or more drinks of beer, liquor or wine almost every day.		
5. I have tooth or mouth problems that make it hard for me to eat.		
6. I don't always have enough money to buy the food I need.		
7. I eat alone most of the time.		
8. I take three (3) or more different prescribed or over the counter drugs a day.		
9. Without wanting to, I have lost or gained 10 pounds in the last six months.		
10. I am not always physically able to shop, cook and/or feed myself.		

Participant's Signature _____

Site: CPSC___ NBSC___ SPSC ___

(Con't-please turn over)

ADL's and IADL's

Activities of Daily Living (**ADL's**) and Instrumental Activities of Daily Living (**IADL's**)

Please complete this section by circling the most appropriate answer if you receive any of the following services:

Home Delivered Meals (Meals on Wheels)

Personal Care

Homemaker/Chore Services

Case Management

Adult Day Care

1. Client Eats

- 2 By self
- 1 With assistance
- 0 Must be fed/intravenously/tube fed

2. Client Transfers to Bed or Chair

- 2 By self (or with object)
- 1 With assistance from another person
- 0 Must be lifted/bedbound

3. Client Gets Dressed/Changes Clothes

- 2 By self
- 1 With assistance
- 0 Must be dressed

4. Client Completes Bathing

- 2 By self
- 1 With help washing, turning on water
- 0 Must have bed bath/total assistance

5. Client Completes Grooming

- 2 By self
- 1 With help shaving/combing hair
- 0 Must have complete assistance

6. Client Uses Toilet

- 2 By self and has control
- 1 With supervision; some incontinence
- 0 Must have complete assistance

7. Client Walks

- 2 By self (or with object)
- 1 With assistance from another person
- 0 Must have complete assistance

8. Client Prepares a Light Meal

- 2 By self
- 1 With assistance for selected items
- 0 Must have complete assistance

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9. Client Does Light Chores

- 2 By self
- 1 With assistance, e.g. making a bed
- 0 Must have complete assistance

10. Client Does Grocery Shopping

- 2 By self
- 1 With assistance/someone to go with
- 0 Must have complete assistance

11. Client Travels Beyond Walking Distance

- 2 By self (including public transportation)
- 1 Needs some assistance/escort
- 0 Complete assistance/special vehicle

12. Client Takes Medications

- 2 By self
- 1 With assistance/reminders
- 0 Must have complete assistance

13. Client Handles Own Money

- 2 Writes checks; keeps track of funds
- 1 With assistance, e.g. checks, pay bills
- 0 Must have complete assistance

14. Client Uses Telephone

- 2 By self
- 1 With assistance dialing/using directory
- 0 Cannot make or receive calls

15. Client Plans and Makes Decisions

- 2 By self
- 1 With assistance
- 0 Dependent on others to plan/decide

16. Client Does Heavy Chores

- 2 By self
- 1 With assistance
- 0 Must have complete assistance

17. Client Does Shopping for Personal Items

- 2 By self
- 1 With assistance/someone to go with
- 0 Must have complete assistance

STATE ADMINISTRATION BOARD OF ELECTION LAWS

VOTER REGISTRATION AGENCY CERTIFICATION/DECLINATION

To be completed during the face to face interview for each application for service or assistance and during the face to face interview for recertification, renewal or change of address relating to such service or assistance.

1. If you are not registered to vote where you live now, would you like to apply to register to vote at this time?

Yes _____ **No** _____ **Already Registered** _____

Took Registration Form Home to Think Over _____

2. If you do not check any box, you will be considered to have decided not to register to vote at this time.
3. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
4. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.
5. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the State Administrative Board of Election Laws:

S.B.E.
P.O. Box 6486
Annapolis, MD 21401-0486
1-800-222-VOTE

Applicant's Name (Please Print)

Date

Signature