Grace Martin Harwell Senior Center User Profile

Please PRINT clearly! **(STOP! DO NOT CONTINUE IF YOU ARE NOT 55 OR OVER!)**

A. Client Information

First Name	
Middle Name	
Last Name	
Date of Birth	
Gender	☐ Male ☐ Female
Home Address	
Mailing Address	
Email Address	
Newsletter (Check One)	☐ Mail ☐ Email ☐ Neither
Household Size	
Race	
Home Phone	
Cell Phone	
Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Widowed
Living Arrangement	☐ Lives Alone ☐ Lives with spouse ☐ Lives with family ☐ Lives with others ☐ Lives in Group Home Specify:____________________ ☐ Lives in Institution Specify:____________________

Special Needs	☐ Language Interpreter Specify:_____________________ ☐ Assistive Device(s) Specify:_____________________ ☐ None identified at this time. Other:_______________________
Mobility Status	*(Check all that apply)* ☐ Drives ☐ Walks slowly ☐ Walks with assistance ☐ Climbs steps with assistance ☐ Uses cane/crutches/walker ☐ Uses a wheelchair ☐ Bedridden ☐ Other:____________________
Health Status	☐ Excellent ☐ Good ☐ Poor
Allergies	Specify:_____________________ ____________________________ ____________________________ ____________________________ ☐ None known at this time.
Primary Doctor	
Doctor's Phone	
Do you have a.. *Check all that apply*	☐ Living Will ☐ Power of Attorney ☐ Health Care Power of Attorney ☐ Do Not Resuscitate

SEE BACK PAGE TO COMPLETE FORM ---->

B. Caregiver Information	
☐ Not Applicable	Caregiver: ☐ Paid ☐ Not Paid Paid by:____________________
Caregiver Organization	☐ Private Pay ☐ Relative: __________________________ ☐ Organization: __________________________
Name	
Phone	
Cell Phone	

C. Emergency Contact Information	
Name	
Phone	
Cell Phone	
Relationship to you	

D. Personal Information	
Have you ever been convicted of a felony?	☐ Yes Explain:____________________ __________________________ __________________________ __________________________ ☐ No

A "yes" will not deny your participation in our programs.

An untruthful answer may prevent you from participating in Grace Martin Harwell Senior Center Programs.

E. Consent

I certify the information given by me is true to the best of my knowledge, and I understand it will be kept confidential and used only to help me receive the benefits and services which I may be entitled.

I hereby authorize the disclosure and release of this information only for the purposes for which it is intended. This authorization may be revoked by the undersigned at any time by giving written notice to the parties authorized herein.

I agree to indemnify and hold harmless the City of Washington and its appointed instructors from claims of bodily injury and/or property damage of all persons arising out of involvement with programs, activities, or on the premises used by me.

I give permission for my picture to be used in news articles and advertisements for the Grace Martin Harwell Senior Center.

Full Name ***(please print)***

____

Signature

____

Date ____________________________

F. Disaster Preparedness

If you were asked to leave your home because of a disaster, please check in which case you would leave

If you plan to leave, please indicate where you would go

☐ Voluntary Evacuation Where:____

☐ Mandatory Evacuation Where:____