

Please complete all sections on both sides.
All information is confidential.

Today's Date: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Nickname: _____

Gender: Male Female

Date of Birth: ____/____/19____

E-mail Address:

Home Phone #: _____-_____-_____

Cell Phone #: _____-_____-_____

Residential Address Including Zip Code:

Mailing Address: (if different)

Do you live in the Town of Union?

Yes No

County of Residence:

Last 4 digits of Social Security Number:
____-____-____-____

Are you frail?

Yes No

Are you disabled?

Yes No

Please mark your primary race with P
and check all others that apply.

- ___ American Indian/Alaskan Native
- ___ Asian
- ___ Black/African American
- ___ Native Hawaiian/Pacific Islander
- ___ White
- ___ Other

Are you Hispanic or Latino?

Yes No

Are you a Veteran? Yes No

Spouse of a Veteran? Yes No

Are you currently

- ___ Divorced ___ Separated
- ___ Married ___ Widowed
- ___ Never ___ A Domestic
- Married Partner

Highest Grade or Education completed:

Who do you live with?

- ___ Alone
- ___ Spouse Only
- ___ Relatives
- ___ Non Relatives
- ___ Significant Other

Do you speak, read, and write English?

Yes No

Are you registered to Vote?

Yes No

If "No", would you like to register?

Yes No

If yes, we will send a mail in
registration form.

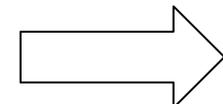
2016		
Please circle the one income range that best describes your estimated household monthly income.		
I live alone	I live with one other person	I live with two other people
\$0 to 990	\$0 to 1,335	\$0 to 1,680
\$991 to 1,485	\$1,336 to 2,003	\$1,681 to 2,520
\$1,486 +	\$2,004 +	\$2,521 +

Transportation
<input type="checkbox"/> Check here if you would like staff to copy this form and send it to BC Transit to allow you to make reservations for the Office for Aging Mini-bus. **By checking this box you are giving the OFA permission to make a referral to BC transit on your behalf.**

Signature _____

Please remember to call the Office for Aging if your phone number, address, or emergency contact information change.

Please complete other side.



This is the National Nutrition Screen.
Please check "Y" for yes and "N" for no.

- Y__ N__ You have illness or condition that has made you change the kind or amount of food you eat.
- Y__ N__ You eat fewer than 2 meals per day.
- Y__ N__ You eat few fruits, vegetables, or milk products per day.
- Y__ N__ You have tooth or mouth problems that make it hard for you to eat.
- Y__ N__ You sometimes do not have enough money to buy the food you need.
- Y__ N__ You eat alone most of the time.
- Y__ N__ You take 3 or more different prescribed or over the counter drugs per day.
- Y__ N__ Without wanting to have you lost or gained 10 pounds in the past 6 months.
- Y__ N__ You are not always physically able to shop, cook and/or feed yourself.
- Y__ N__ You have 3 or more drinks of beer, liquor, or wine almost every day.

Staff Use Only

Proof of Age Checked _____

Entered _____ Card Issued _____

Initial _____ Scanned & Attached _____

*

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

- ___ Bathing
 - ___ Walking
 - ___ Transferring in and out of bed
 - ___ Dressing
 - ___ Personal Hygiene
 - ___ Toileting
 - ___ Eating
 - ___ Shopping
 - ___ Transportation
 - ___ Light housekeeping (laundry)
 - ___ Heavy housework
 - ___ Meal Preparation
 - ___ Managing money and bills
 - ___ Using the telephone
 - ___ Managing medications
- Emergency Contact Information

Please provide a local emergency contact.

Name _____

Home phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Address _____

In case of a medical emergency at a senior center which hospital would you prefer?

Hospital _____

Physician _____

Phone _____

**Please return this to the
Broome County Office for Aging
Edwin L. Crawford County Building
PO Box 1766
Binghamton, NY 13902-1766**

Broome County Office for Aging

Free ID Card Application



**Easy access to a variety
of programs and services**

607-778-2411

gobroomecounty.com/senior



Find us on Facebook.

