The Broome County Office for Aging (OFA) free I.D. card provides you with proof of age and will give you easy access to a variety of senior center programs, dining options, and bus transportation. After you complete this application, return it to OFA. Your ID card will be created, laminated and mailed to you in a few weeks.

On this application you are asked to answer a variety of questions about yourself. OFA receives federal funding and must report the characteristics of people involved in our programs.

All information is confidential.
Your information is combined with data from all of the people who receive services and total group characteristics are reported. Your name and other identifying data will never be reported.

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

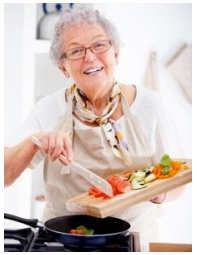
Please mark your primary race with P and check all others that apply.

___ 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
___ Married
___ Never Married
___ Separated
___ Widowed
___ A Domestic 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

☞ Over

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

Transportation
☐ **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.**

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

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

Staff Use Only
Proof of Age Checked _____

Staff Signature
_____

Entered ____Emergency to sr. center ____

Card Issued _____ Initial_____

K:\OPERATIONS\MASTERS\Forms\Senior Helpers application 3 2016 final.doc

Broome County Office for Aging

Senior Helpers Application

&

ID Application for those 60 and over

Office for Aging Broome County
I.D. CARD
Broome County Office Building
Binghamton, NY 13902
(607) 778-2411
www.gobroomecounty.com/senior

Easy access to a variety of programs and services

607-778-2411

gobroomecounty.com/senior

Find us on Facebook.