

2024 Jefferson County Office for the Aging Picnic

Wednesday, July 17, 2024

Westcott Beach State Park

10am - 2pm

(Rain Date: Thursday, July 18, 2024)

<p style="text-align: center;"><i>By Thursday, July 4, 2024,</i></p> <p style="text-align: center;">Send completed reservation form and your check made out to the: “Jefferson County Treasurer” to Jefferson County Office for the Aging 175 Arsenal Street, Watertown, NY 13601</p> <p>\$5.00 for individuals 60 and over \$9.00 for individuals under age 60</p>	<p style="text-align: center;"><u>Menu</u></p> <p style="text-align: center;">Italian Sausage with Side Roll Salt Potatoes Coleslaw Strawberry Shortcake Beverages</p>
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One reservation form per person – This form may be copied if another registration is needed!!

Jefferson County Office for the Aging Picnic Participant Registration

Legal Name: _____ Date of Birth: _____
 Address: _____ Telephone: _____
 City/State: _____ **(Check one):** Male ___ Female ___
 Zip Code: _____ Are you a veteran? Yes ___ No ___
 Social Security # (or last four #): _____ Are you Frail/Disabled? Yes ___ No ___
 Number in Household: _____ Marital Status _____
 Lives with: **(Circle one)** Alone Non-Relatives Relatives Spouse & Others Spouse only
 Are you also known by a nickname? If yes, what is the nickname? _____

Race (Check one): ___ 2 or more races ___ American Indian/Native Alaskan ___ Asian
 ___ Black/African American ___ Native Hawaiian/Other Pacific Islander ___ Other race ___ White, Hispanic
 ___ White, Not-Hispanic

Ethnicity (Check one): ___ Hispanic/Latino ___ Not Hispanic/Latino

Please check the category your monthly income falls within:

Single ___ Below \$1,255 ___ \$1,256-\$1,569 ___ \$1,570-\$1,883 ___ \$1,884-\$2,322 ___ \$2,323+
Couple ___ Below \$1,703 ___ \$1,704-\$2,129 ___ \$2,130-\$2,555 ___ \$2,556-\$3,151 ___ \$3,152+

<p>Emergency Contact:</p> <p>Name: _____ Telephone: _____ Address: _____ Relationship: _____</p>	<p style="text-align: center;">*Must be completed if under 60 (CIRCLE ONE)</p> <p>Are you under 60 and the spouse of an eligible senior? Yes No Are you disabled and living in senior housing? Yes No Are you an eligible volunteer under 60? Yes No Are you disabled and living at home with eligible senior? Yes No</p>
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Please answer the following questions:	Yes	No
Do you have an illness or condition that changes the kind and/or amount of food eaten?		
Do you eat fewer than 2 meals per day?		
Do you eat fewer than 2 daily servings of fruits?		
Do you eat fewer than 2 daily servings of vegetables?		
Do you eat fewer than 2 daily servings of milk products?		
Do you have 3 or more drinks of beer, liquor, or wine almost every day?		
Do you have tooth or mouth problems that make it hard to eat?		
Do you sometimes not always have enough money to buy needed food?		
Do you eat alone most of the time?		
Do you take 3 or more prescribed or over-the-counter drugs per day?		
Do you without wanting to, lost or gained 10 pounds in the past 6 months?		
Do you have a physical limitation that prevents you to shop, cook and/or feed yourself?		

The programs and services available under the auspices of the Office for the Aging are made possible by the contributions from program participants', the County of Jefferson, the NYS Office for the Aging and U.S. Administration on Aging.

Informed Consent to Capture and Record Personal Information

I hereby consent to my personal information contained in this Registration Form being saved in the Client Data System maintained by the New York State Office for the Aging and used by the local Office for the Aging. I understand that my information will not be shared with other agencies without my permission.

I understand that the information on this form may be sent to the State and Federal government, and is used to improve the services offered and better meet my needs.

Signature

Date

Print

ATTESTATION

To be completed by worker

I attest that informed consent, as indicated, was obtained from the above individual, who provided his/her signature above. All appropriate processes were followed, and consent was provided voluntarily.

Worker Signature

Date

Worker Name (Print)

Congregate Site