

Paducah-McCracken County Senior Citizens Center

Updated

Welcome to the Paducah Senior Center. As a new participant our federal Grant requires that we collect the following information. All information will be held in strict confidence.

2/15/2017

All information must be completed as required by the Fed. Government

First, Middle, Last Name _____				Date: _____	
Marital Status	Single	Married	Divorced	Widowed	Staff: _____
Gender	Male	Female	Verified: Driver's License Birth Cert. Passport		
Date of Birth _____	Address _____				
	Town, Zip _____				
Phone No. (xxx)xxx-xxxx _____	County _____				

Ethnicity circle one	White/Non-Minority	Hispanic	African-Am.	Asian/Pacific	Amer.Indian/Alaskan
House Hold Size	Number of people living in your home _____			Social Risk	YES NO
Income Level	1 person living in the home - is your household income over or under \$12,060 per year?				Over - Under
Indicate if your total	2 people living in the home - Is your household income over or under \$16,240 per year?				Over - Under
Household income is	3 people living in the home - Is your household income over or under \$20,420 per year				Over - Under
Over or Under the amount	4 people living in the home - Is your household income over or under \$24,600 per year?				Over - Under
	5 people \$28,780	Over-Under	6 people \$32,960	Over-Under	7 people \$37,140 Over - Under

Household Situation Circle One-Do you: Live Alone With Spouse With Children With Relatives Not Reported

High Nutritional Risk over 6 points (circle one) Yes or No (Complete the Nutritional Risk list below & add your total.)

Emergency Contact/Relationship _____	Phone # _____
Primary Physician (optional) _____	Phone # _____

Yes or No Questions	circle response	Nutritional Risk	Circle all that apply
Abused/Neglected/Exploited	Yes No	0	None
Disabled	Yes No	2	I have an illness or condition that made a change in the amount and/or kind of foods I eat
Female Head of Household	Yes No	3	I eat fewer than 2 meals per day
Frail	Yes No	2	I eat few fruits or vegetables or milk products
Homebound	Yes No	2	I have 3 or more drinks of beer or alcohol every day
Medicare Eligible	Yes No	2	I have tooth or mouth problems that make it hard to eat
Receiving Social Security	Yes No	4	I don't always have enough money to buy the food I need
State Resident	Yes No	1	I eat alone most of the time
Tribal (Official Am. Indian Certification)	Yes No	1	I take over 3 different prescribed or over the counter meds daily
Understands English	Yes No	2	Without wanting to, I have lost/gained 10 lbs. in the last 6 months
US Citizen	Yes No	2	I am not always physically able to shop, cook and/or feed myself
NSIP Meals Eligible(Age 60 plus)	Yes No	Total Points (If score is 6 or higher refer to nutritional help)	
Veteran	Yes No	Referred to: _____	
Veteran Dependent	Yes No	_____	
Medicaid Recipient	Yes No	_____	

Instrumental Activities of Daily Living (IADLS)

Meal Preparation	Yes	No
Shop and do Errands	Yes	No
Lgt Housework - dishes	Yes	No
Hvy Housework - vacum	Yes	No
Pay bills/ handle Money	Yes	No
Medication Management	Yes	No
Use Telephone	Yes	No
Laundry	Yes	No
Transport - ability to drive	Yes	No

Activities of Daily Living (ADLS) Can you do this for yourself

Feed your Self	Yes	No
Transfer from bed to chair	Yes	No
Toileting - Bathroom needs	Yes	No
Dressing	Yes	No
Grooming	Yes	No
Walking	Yes	No

ADLS (only count no answers) _____

IADLS (only count no answers) _____

COMPLETE THE BACK SIDE OF THIS FORM.

VOTER REGISTRATION RIGHTS AND DECLINATION



Applicant's Name

REGISTERING TO VOTE

If you are not registered to vote where you live now, would you like to apply to register to vote? (please check the appropriate box).

YES

NO

ALREADY REGISTERED

IF YOU DO NOT CHECK ONE OF THE BOXES ABOVE, IT WILL BE CONSIDERED THAT YOU HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applicant's Signature

Date

If you register to vote or decline to register to vote, this decision and any information regarding the office to which the application was submitted remains confidential and is used only for voter registration purposes.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may complete the application form in private, if you desire.

If you complete a voter registration application form, it will be forwarded to your local county clerk who will assign you a voting precinct. A confirmation notice with your precinct and voting location will be mailed to you by the county clerk. IF YOU DO NOT RECEIVE SUCH NOTICE WITHIN THREE (3) WEEKS, PLEASE CALL YOUR COUNTY CLERK.

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 preference, you may file a complaint by writing or calling the State Board of Elections, 140 Walnut Street, Frankfort KY 40601, phone 1-800-246-1399.

Please note that KRS 116.045(2) requires the clerk to close all registration 28 days prior to any election. If your application is received during this period, you will not be eligible to vote until the next election.

I received a copy of the Code of Conduct and Grievance Policy when I completed this form.

I give my permission for the Paducah Senior Center to use my image/photo in the Club 60 Newsletter, newspaper, video publicity and other items to assist in the publicity of the Paducah Senior Center. YES _____ NO _____

Please Sign _____ Date _____