

2019

Sylvania Senior Center

7140 Sylvania Ave., Sylvania, OH 43560

CLIENT REGISTRATION ~ 2019

(419) 885 3913

www.sylvaniaseniorcenter.org

Name: _____ Date of Birth: _____ ~ _____ ~ _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ S. S. Number (last 4 digits) _____

STATISTICAL INFORMATION

Male () Female () e-mail address: _____

CHECK THE ANSWERS: Residence: Sylvania Sylvania Township Other
Live Alone? Yes No **Low - Income?** Yes No (under \$17,500 per yr.)

Do you consider yourself handicapped? Yes No

(Includes use of cane, walker, legally blind, deaf, respiratory, heart, etc.)

Race: White Hispanic African-American Native American/Alaskan Asian/Pacific Islander

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Home phone: _____

Relationship: _____ Work/Cell phone: _____

Emergency Contact: _____ Home phone: _____

Relationship: _____ Work/Cell phone: _____

Doctor: _____ Phone: _____

List any chronic illnesses or ongoing medications: _____

DISCLOSURE STATEMENT

This Client Registration form was developed to assist the Ohio Department of Aging to monitor the effectiveness of senior programs offered to Ohio citizens. Any client information obtained from this form is kept confidential and no personal identifying information is released to the public without written consent, or unless otherwise required under federal law.

As a client of Sylvania Senior Center, I understand and agree the Sylvania Community Services Center, Sylvania Senior Center and their respective employees, officers, board members and agents will not be held responsible for any liability, loss, damage or related expense while the provider is rendering services. Client Registration Information may be provided to our funders upon request.

In the event of a medical emergency, I agree information may be provided to medical personnel.

APPLICANT SIGNATURE

DATE