Welcome to Lenox Hill Neighborhood House’s Older Adult Center Programs

The Center @ Lenox Hill Neighborhood House
Older Adult Center @ Saint Peter’s Church

To join our centers, new members must bring proof of age 60 or older, be a New York City Resident and provide a completed membership application in person during our membership application hours. During our membership application hours, new members will meet with an Older Adult Center Staff Member who will process your application, orient you to our older adult centers and answer any questions you may have about our older adult centers and our program offerings.

Membership Application Hours

The Center @ Lenox Hill Neighborhood House
343 East 70th Street
New York, New York 10021
- Monday to Friday from 10:00am-11:00am
- Saturday & Sunday from 9:00am – 10:00am
- Questions can be directed to 212-218-0319

Older Adult Center @ Saint Peter’s Church
619 Lexington Ave
New York, New York 10022
- Monday to Friday from 10:00am-11:00am
- Questions can be directed to 646-306-4492

Lenox Hill Neighborhood House’s Older Adult Centers are funded by the New York City Department for the Aging and private support and contributions.
## MEMBER REGISTRATION FORM

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date:</th>
<th>Gender that you identify with:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/______</td>
<td>□ Male □ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address &amp; Apartment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Borough/County:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Mobile Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## DEMOGRAPHIC INFORMATION

Lenox Hill Neighborhood House uses demographic data to improve services and programming at our older adult centers. Your answers in this section will not impact the services you can access at our centers.

### Marital Status:
- □ Married/Partner
- □ Single
- □ Widowed
- □ Divorced

### Frail or Disabled:
- □ Yes □ No

### U.S. Veteran:
- □ Yes □ No

### Live Alone:
- □ Yes □ No

### Do You Work:
- □ Yes □ No

### Primary Language:
- □ English
- □ Spanish
- □ Other (Please Specify): ______________________

### Race (Mark all that apply):
- □ White/Caucasian
- □ Asian-South Asian: ________________________
- □ Black or African American
- □ Hawaiian/Pacific Islander
- □ Native American or Alaskan Native
- □ Other (Please Specify): ______________________

### Ethnicity:
- □ Non-Hispanic
- □ Hispanic or Latino/a

### Number in Household: ____________

### Annual Household Income:
- □ Less than $11,670
- □ $11,670–$15,730
- □ $15,731–$23,595
- □ $15,731–$17,504
- □ $17,505–$19,790
- □ $19,791–$23,595
- □ $23,596–$23,850
- □ $23,851–$27,910
- □ $27,911–$29,685
- □ $29,686–$31,970
- □ $31,971+
### EMERGENCY CONTACTS

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Full Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relation to You:</td>
<td>Relation to You:</td>
</tr>
<tr>
<td>Phone Numbers:</td>
<td>Phone Numbers:</td>
</tr>
<tr>
<td>Street Address, City, State, Zip Code:</td>
<td>Street Address, City, State, Zip Code:</td>
</tr>
</tbody>
</table>

**What kinds of enrichment, fitness, or continuing education classes might interest you? (For example, yoga, dance, music, discussion groups, games, legal workshops, computer courses, nutritional or health education, etc.)**

________________________________________________________________________________________

________________________________________________________________________________________

**We are always looking for new volunteers, do you have any ideas for classes or workshops that you’d be willing to organize?**

________________________________________________________________________________________

**How did you hear about us?**

________________________________________________________________________________________

**On what days of the week do you expect to come to the older adult center? (Please check all that apply.)**

- [ ] Sunday  
- [ ] Monday  
- [ ] Tuesday  
- [ ] Wednesday  
- [ ] Thursday  
- [ ] Friday  
- [ ] Saturday  

**By signing below, I agree to become a member of Lenox Hill Neighborhood House’s Older Adult Services Program which includes the Center @ Lenox Hill Neighborhood House and the older Adult Center at Saint Peter’s Church.**

Signature_________________________________________  
Date______________
NUTRITION HEALTH QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have an illness/condition that made me change the kind and/or amount of food I eat.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>I eat fewer than 2 meals per day.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>I eat few fruits or vegetables, or milk products.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>I have 3 or more drinks of beer, wine, or liquor almost every day.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>I have tooth or mouth problems that make it hard for me to eat.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>I don’t always have enough money to buy the food I need.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>I eat alone most of the time.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I take three or more different prescribed or over-the-counter drugs a day.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Without wanting to, I have lost or gained 10 pounds in the last six months.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>I am not always physically able to shop, cook, and/or feed myself.</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL YOUR NURTITION SCORE (Yes Answers Only)__________, IF IT’S:

0-2 GOOD! Recheck your nutritional score in 6 months

3-5 You are at moderate nutritional risk. See what you can do to improve your eating habits and lifestyle. Your Office for the Aging, older adult nutrition program, older adult center or health department can help. Recheck your score in 3 months

6 and up You are at High nutritional risk. Bring this checklist and talk with your doctor, dietician or other health or social service professional. Ask for help to improve your nutritional health
Release of Liability and Assumption of Risk

I, __________________________, desire to participate in fitness classes, which may involve, among other things, aerobic activity, resistance and weight training, and swimming; enrichment, continuing education and recreational classes; other recreational games and activities; and the New York Foundation for Senior Citizen’s Project CART Transportation Program and any other transportation programs I may utilize to access activities as provided by the Organization as defined below (the “Activities”) provided by Lenox Hill Neighborhood House, Inc. Older Adult Centers (the “Organization”).

1. As lawful consideration for being permitted by the Organization to participate in the Activities and utilize some or all of the Organization’s facilities (the “Facilities”), I agree to all the terms and conditions set forth in this agreement (this “Agreement”).

2. I understand that the Activities and use of the Facilities may be dangerous and may involve risk of serious injury, death and/or property damage.

3. I acknowledge that any injuries that I sustain may be compounded by negligent emergency response or rescue operations of the Organization.

4. I acknowledge that I am knowingly and voluntarily participating in the Activities with an express understanding of the danger involved and hereby agree to accept and assume any and all risks of injury, death or property damage, whether caused by the negligence of the Organization, other participants or persons who may be present at the Activities or Facilities, any Releasees or otherwise, including but not limited to: tripping; slips and falls; bruises, lacerations, or even more severe personal injuries; and any personal injuries associated with the use of equipment and the Facilities.

5. I hereby expressly waive and release any and all claims, now known or hereafter known, that I may have against the Organization, and its officers, directors/manager(s), employees, volunteers, agents, affiliates, successors, and assigns (collectively, “Releasees”), on account of injury, death, or property damage caused by my participation in the Activities or use of the Facilities, whether caused by the negligence of the Organization, other participants or persons who may be present at the Activities or the Facilities, any Releasees or otherwise.

6. I expressly agree and promise not to make or bring any such claim against the Organization or any other Releasee, and forever release and discharge the Organization and all other Releasees from liability under such claims.

7. All matters arising out of or relating to the performance of this Agreement shall be governed by the laws of the State of New York (including its statute of limitations).

By signing below, I acknowledge that I have read and fully understood all of the terms of this Agreement and that I am voluntarily giving up substantial legal rights, including the right to sue the Organization.

______________________________  ________________  __________________
Member Signature              Date                     Addr
Media Authorization and Release

I, __________________________, give permission to Lenox Hill Neighborhood House, its employees and agents, to take, use, reproduce, record and publish photographs, video and/or voice recording (collectively, “media”) of me, without further notice to me, for any and all informational, promotional and/or fundraising purposes. I understand that such media may be publicly displayed in informational, promotional and/or fundraising materials, including being posted on social media platforms where this media will be available to anyone anywhere and can be obtained or downloaded by anyone with Internet access. I understand that I have had the opportunity to ask questions and acknowledge that I sign this document voluntarily. I acknowledge that I will not receive compensation for any media. I release Lenox Hill Neighborhood House, its employees and agents from liability and any and all claims arising out of or in connection with the taking or use of this media. I have read and understand the terms of this Authorization and Release.

__________________________________  __________________________
Signature                            Date

Interview Authorization and Release

I, __________________________, give permission to Lenox Hill Neighborhood House, its employees and agents, to use my name, my story, and any of my direct quotes (collectively, “interview material”), without further notice to me, for any and all informational, promotional and/or fundraising purposes. I understand that I will not have the opportunity to edit, review or provide further comment on this interview material after it is provided, and I understand that this material may or may not be attributed to me specifically. I understand that such interview material may be publicly displayed in informational, promotional and/or fundraising materials, including being posted on social media platforms where this media will be available to anyone anywhere and can be obtained or downloaded by anyone with Internet access. I understand that I have had the opportunity to ask questions and acknowledge that I sign this document voluntarily. I confirm that all of the interview material that I have provided to Lenox Hill Neighborhood House is true and accurate to the best of my knowledge. I release Lenox Hill Neighborhood House, its employees and agents from liability and any and all claims arising out of or in connection with the taking or use of this interview material. I have read and understand the terms of this Authorization and Release.

__________________________________  __________________________
Signature                            Date
Transportation Authorization & Release

I, __________________, acknowledge that, from time to time, I may choose to participate in the Lenox Hill Neighborhood House’s transportation program, wherein transportation is provided through various public agencies or programs as well as private vendors (at no expense to me). This program includes trips to various cultural and shopping locations, my home, and/or other destinations. In consideration of my participation in this voluntary transportation program, and of the efforts of Lenox Hill Neighborhood House to organize these trips, I waive any and all claims, rights or causes of action of any kind whatsoever against Lenox Hill Neighborhood House or its employees or agents that may arise out of such trips.

-------------------------------------------------------------
Signature                                                      Date
New York City Department for the Aging

<table>
<thead>
<tr>
<th>Last Name: ______________________</th>
<th>First Name: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ________________________</td>
<td>Apt. Number: ______________________</td>
</tr>
<tr>
<td>City: ___________________________</td>
<td>State: ___________________________</td>
</tr>
<tr>
<td>Zip: ____________________________</td>
<td>Home Phone: ______________________</td>
</tr>
<tr>
<td>Program: ________________________</td>
<td>Cell Phone: ______________________</td>
</tr>
</tbody>
</table>

Consent to Collect Data

Date Consent Provided to Collect Data: __________

I consent to having personal information provided by me or my legal representative entered into the Client Data System maintained by the New York City Department for the Aging. I understand what information will be recorded, why this information is needed, and that there are laws and regulations protecting my personal health and identifying information.

I understand that this information is being collected to help in providing services, including services funded through the New York City Department for the Aging. It also helps identify other services that I may qualify for. I understand that this information is needed in order for some services to be provided.

I understand that signing this authorization is voluntary and can be revoked at any time. If I refuse to sign this authorization, the above named service provider will not be able to help by making referrals for me. Information can be given to me to follow-up on my own.

Client Initial: __________

Consent to Share Emergency Preparedness Information

Date of Emergency Preparedness Consent: __________

In the event of an emergency, I consent to the release of my information contained in the Emergency Preparedness Form and have received a copy of this form. I understand that my basic demographics and social history are a part of my Emergency Preparedness information.

I understand that my information will be shared only with persons authorized to respond in an emergency, such as government agencies, law enforcement, or those acting on their behalf.

Client Initial: __________
I consent to the collection and sharing of my information as initialed above. This authorization shall not expire unless revoked by me or my legal representative.

________________________________________  ______________________________
Signature of Individual or Legal Representative  Date

________________________________________
Individual's Name (Print)

________________________________________
Legal Representative's Name (Print)

☐ Power of Attorney (POA)  ☐ Guardianship

Please describe the relationship between the legal representative and the client:

________________________________________________________________________________________

FOR OFFICE USE ONLY

ATTESTATION (To be completed by the 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.

________________________________________  ______________________________
Signature  Date

________________________________________
Worker's Name (Print)

________________________________________
Worker's Title (Print)
Register to vote
With this form, you register to vote in elections in New York State. You can also use this form to:
• change the name or address on your voter registration
• become a member of a political party
• change your party membership
• pre-register to vote if you are 16 or 17 years of age
To register you must:
• be a U.S. citizen;
• be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
• not be in prison for a felony conviction;
• not claim the right to vote elsewhere;
• not found to be incompetent by a court.

Send or deliver this form
Fill out the form below and send it to your county’s address on the back of this form, or take this form to the office of your County Board of Elections.
This form must be received no later than 30 days before the election you want to vote in. Your county will notify you that you are registered to vote.

Questions?
Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)
Find answers or tools on our website www.elections.ny.gov

Verifying your identity
We try to check your identity before Election Day, through the DMV number (driver’s license number or non-driver ID number), or the last four digits of your social security number, which you’ll fill in below.
If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form—be sure to tape the sides of the form closed.
If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Please print in blue or black ink.

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Are you a citizen of the U.S.? □ Yes □ No
If you answer No, you cannot register to vote.

Qualifications
A) Will you be 18 years of age or older on or before election day? □ Yes □ No

For board use only

Yes No

If you answer No to both of the prior questions, you cannot register to vote.

Your name

3 Lastname

First name

Suffix

Middle Initial

More information
5 Gender

6 Phone

Email

The address where you live
8 Address (not P.O. box)

City/Town/Village

New York State County Select your New York State County

The address where you receive mail
9 Address or P.O. box

P.O. Box

City/Town/Village

Voting history
10 Have you voted before? □ Yes □ No

What year? ________

Voting information that has changed
12 Your name was

Your address was

or you have not voted before

Your previous state or New York State County was

Identification
13 You must make 1 selection

For questions, please refer to Verifying your identity above.

□ New York State DMV number

□ Last four digits of your Social Security number

□ I do not have a New York State driver’s license or a Social Security number,

□ I wish to enroll in a political party

□ Democratic party

□ Republican party

□ Conservative party

□ Working Families party

□ Other …………………………………………………………………………………………………………………………………………………………………………………
Political party
You must make 1 selection

Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

I do not want to enroll in any political party and wish to be an independent voter

No party

Optional questions

15

☐ I need to apply for an Absentee ballot.
☐ I would like to be an Election Day worker.

16

Affidavit: I swear or affirm that
• I am a citizen of the United States.
• I will have lived in the county, city or village for at least 30 days before the election.
• I meet all requirements to register to vote in New York State.
• This is my signature or mark in the box below.
• The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.

Sign

Date
You will receive a confirmation email or letter, which will also provide you an opportunity to limit your donation.

By signing below, you certify that you are:

<table>
<thead>
<tr>
<th>Gender</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Ft.</td>
<td>In.</td>
</tr>
</tbody>
</table>

- 16 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to NYS Donate Life™ Registry for enrollment;
- and authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.

Email

Email

DMV or ID NYC #

Sign

Date
Social Services Authorization

*Note: Only complete this form if you are seeking assistance with social services or benefits.*

I, ________________________________, authorize Lenox Hill Neighborhood House and its staff and interns to examine, discuss, release, and/or obtain any information or documents concerning me or my case so that they can provide me with services from necessary community resources. I further authorize the release to Lenox Hill Neighborhood House of all records and/or information concerning me that may be under the custody and control of other individuals or agencies, including social service agencies, legal service providers, employers, government agencies, landlords and/or other individuals, as it relates to my ongoing services.

In addition, I give permission to Lenox Hill Neighborhood House and its staff and interns to share with other individuals, agencies, or funders such confidential information concerning me and my case as is necessary to determine my eligibility for services and to allow Lenox Hill Neighborhood House to provide me with services. I also give my permission to Lenox Hill Neighborhood House to release such information as necessary to comply with its funders’ requirements.

I understand that this consent is voluntary, but that it might not be possible to obtain services without it. I understand that if I give oral consent, this document constitutes a record of consent on the date it was given. I understand that this authorization will remain in effect indefinitely. I have the right to revoke this release at any time by notifying my Social Worker or a Social Services staff member in writing.

________________________________________________________________________  __________________________________________________________________
Client Signature                                             Date

If oral consent:

________________________________________________________________________
Client Name

________________________________________________________________________  __________________________________________________________________
Staff Signature                                             Date