

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____

Residential Address with zip code:

Mailing Address: (if different)

Home Phone #: _____-_____-_____

Cell Phone #: _____-_____-_____

Work Phone #: _____-_____-_____

Email: _____

Do you live in the Town of Union?

No Yes

County of Residence:

1. You are Currently

- ___ Divorced
- ___ A Domestic Partner/Significant Other
- ___ Married
- ___ Never Married
- ___ Separated
- ___ Single
- ___ Widowed

2. Are you a Veteran? No Yes

3. Primary Language

4. Please mark your race

- ___ 2 or More Races
- ___ American Indian/Alaskan Native
- ___ Asian
- ___ Black/African American
- ___ Native Hawaiian/Pacific Islander
- ___ Other Race
- ___ White Hispanic
- ___ White Not Hispanic

5. Are you Frail and/or Disabled?

No Yes

6. Who do you live with?

- ___ Alone
- ___ Non Relative/Domestic Partner
- ___ Others
- ___ Relatives
- ___ Spouse & Others
- ___ Spouse Only

7. Please check all that may apply

- ___ Can't read English
- ___ Can't speak English
- ___ Can't Understand English

8. Are you Hispanic or Latino?

No Yes

2017		
Please circle the one income range that best describes your estimated household monthly income.		
I live alone	I live with one other person	I live with two other people
\$0 to \$1,004	\$0 to \$1,352	\$0 to \$1,700
\$1,005 to \$1,255	\$1,353 to \$1,691	\$1,701 to 2126
\$1,256 to \$1,507	\$1,692 to \$2,029	\$2,127 to \$2,552
\$1,508 to \$1,858	\$2,030 to \$2,503	\$2,553 to \$3,147
\$1,859+	\$2,504+	\$3,148+

Emergency Contact Information

Please provide a local emergency contact.

Last Name _____

First Name _____ MI _____

Relationship to you _____

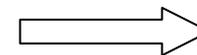
Residential Address

Home phone _____-_____-_____

Work Phone _____-_____-_____

Cell Phone _____-_____-_____

Please complete other side.



Transportation

If you are 60 or over and looking for transportation, check here and sign below if you would like a copy of this form sent to BC Transit so that you can make reservations for the Office for Aging Mini-bus.** By checking this box you are giving OFA permission to make a referral to BC Transit on your behalf.**

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.

Senior Center Staff Use Only

Proof of Age Checked _____

Staff Signature _____

Center _____

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

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**This is the National Nutrition Screen.
Please check "Y" for yes and "N" for no.**

N__ Y__ I have illness or condition that has made me change the kind or amount of food I eat.

N__ Y__ I eat fewer than 2 meals per day.

N__ Y__ I eat few fruits, vegetables, or milk products per day.

N__ Y__ I have 3 or more drinks of beer, liquor, or wine almost every day.

N__ Y__ I have tooth or mouth problems that make it hard for me to eat.

N__ Y__ I don't always have enough money to buy the food I need.

N__ Y__ I eat alone most of the time.

N__ Y__ I take 3 or more different prescribed or over the counter drugs per day.

N__ Y__ Without wanting to I have lost or gained 10 pounds in the past 6 months.

N__ Y__ I am not always physically able to shop, cook and/or feed myself.

All information is confidential.

Please remember to call the Office for Aging at 778-2411 if your phone number, address, or emergency contact information change.



Broome County Office for Aging

Senior Helpers Application

&
ID Application
for those 60 & Over



**Easy access to a variety
of programs and services**

607-778-2411

gobroomecounty.com/senior



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