



State of New York County of Broome Government Offices

Office for Aging

Jason T. Garnar, County Executive · Lisa M. Schuhle, Director

Dear Broome County Resident:

Thank you for your interest in the Office for Aging ID Card. Enclosed is the application for an Office for Aging ID Card.

To fill out the application, please do the following:

- Complete All questions on the front & back pages. It is important to complete all sections, including the National Nutrition Screen, as funding sources require the Office for Aging to gather information about the characteristics of the population. All information is confidential and your name and information will never be reported individually.
- Please be sure to list a local emergency contact with working telephone numbers in the appropriate section on the application.
- Please be sure to provide a **copy** of an ID with your date of birth. It is acceptable to send in your old Office for Aging ID card as proof of Age.
- Additionally, enclosed is a consent form for your initials and signature to provide the Office for Aging with permission to place this information in our statewide database.

**Please return the signed white consent form with the completed ID application.
If you do not return the consent form we cannot send you a card.**

Once the completed ID Application is received at the Office for Aging, your new ID Card will be created, laminated and mailed to you or your senior center for pick up per your request.

You will receive one of 3 ID cards depending on your age.

- The yellow ID card is for people age 65 and older.
- The blue ID card is for people ages 60 to 64.
- The tan ID card is for people under 60 who are married to someone age 60 and older.

The yellow and blue ID cards are proof of age for the OFA mini bus services. If you are age 65 or older, the yellow ID card also provides proof of age for senior rates on BC Transit buses. These cards also demonstrate eligibility and give you access to participate in most of the programs and activities at the senior centers in Broome County.

If you have any questions, please feel free to call 778-2411.

Thank you,
The staff of the Office for Aging

This page intentionally left blank.

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 #: _____ - _____ - _____

Do you live in a **rural/country** area

served by BC Country? Yes No

Email: _____

Do you live in the Town of Union?

No Yes

County of Residence:

1. Are you Frail? Are you Disabled?

No Yes No Yes

2. You are Currently

- Divorced
- A Domestic Partner/Significant Other
- Married
- Separated
- Single
- Widowed

3. Are you a Veteran? No Yes

4. Who do you live with?

- Alone
- Child(ren)
- Non-Relative/Domestic Partner
- Non-Relative/Facility or Group Setting
- Others
- Relatives
- Spouse & Others
- Spouse Only

5. Primary Language

6. Please check all that may apply

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

7. Please mark your race

- 2 or More Races
- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Other
- White

8. Are you Hispanic or Latino?

No Yes

2019		
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 \$1,041	\$0 to \$1,409	\$0 to \$1,778
\$1,042 to \$1,300	\$1,410 to \$1,760	\$1,779 to \$2,221
\$1,301 to \$1,560	\$1,761 to \$2,113	\$2,222 to \$2,665
\$1,561 to \$1,925	\$2,114 to \$2,606	\$2,666 to \$3,287
\$1,926+	\$2,607+	\$3,288+

Emergency Contact Information
Please provide a local emergency contact.

Last Name _____

First Name _____ MI _____

Relationship to you _____

Residential Address

Home phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Work Phone _____ - _____ - _____

**Must complete other side.
Please sign and initial enclosed
consent form.**

What kind of health insurance do you have? Please check all that apply.

- Medicaid Medicare
 Other _____

Transportation

Check here 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.

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

Please return this along with the signed and initialed consent form to

Broome County Office for Aging
Edwin L. Crawford County Building
PO Box 1766
Binghamton, NY 13902-1766

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.

k:\operations\masters\forms\ofa id card application\2019-03 id sr center application.docx

How did you hear about the senior center: _____

All information is confidential.

Broome County Office for Aging

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



Free ID Card Application

Easy access to a variety of programs and services

607-778-2411

gobroomecounty.com/senior



Find us on Facebook.



Client must initial each section that applies and sign at the end. Worker must complete attestation.

Informed Consent to Collect and Record Personal Information

I understand that this information is being collected to help in providing services under the State Office for the Aging and local Offices for the Aging. It also helps to identify other services that I may need. I understand that this information is needed in order for some services to be provided. The authority to provide these services and to collect my information for these purposes is found in the Older Americans Act and the New York State Elder Law.

I understand that, per New York State's Personal Privacy Protection Law, my personal information will be kept confidential. It will not be shared without my permission.

I understand what information will be recorded, the need for the information, and that there are laws and regulations protecting my information.

I understand that signing this authorization is voluntary, but that refusal to do so may limit options available to me.

Client Initial _____

Informed Consent to Refer and Share Personal Information

I understand what information will be released, the need for the information and that there are laws and regulations protecting the confidentiality of this information.

I understand that signing this authorization is voluntary, but that refusal to do so may limit options available to me.

I understand that information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and in such an event may no longer be protected by federal or state law.

Client Initial _____

Informed Consent to Share Certain Information in the event of a Disaster or Emergency

In the event of a disaster or emergency, I consent to the release of information about services I receive, my housing situation and who I live with, medical equipment or services needed daily, prescription medications taken daily, special dietary needs, special communication needs, blindness or other visual impairments, and information about my general condition and mobility.

I understand that this information will only be given to those who will use it to respond to an emergency, such as government agencies, law enforcement, or those acting on their behalf if there is a disaster or emergency situation.

I understand that information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and in such an event may no longer be protected by federal or state law.

Client Initial _____

I consent to actions above where I have initialed. The authorizations provided shall not expire unless revoked.

Signature of individual or legal representative

Date

Individual's name (Print)

If legal representative, provide name and relationship to individual

~~~~~ FOR OFFICE USE ONLY ~~~~~

**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.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print*