



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
SINCE 1894

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

MEMBER REGISTRATION FORM

Last Name: _____			First Name: _____			Middle Name: _____		
Birth Date: __/__/____			Gender that you identify with: <input type="checkbox"/> Male <input type="checkbox"/> Female					
Street Address & Apartment: _____								
City, State: _____						Zip Code: _____		
Borough/County: _____			Email: _____					
Home Phone: _____						Mobile Phone: _____		

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: <input type="checkbox"/> Married/Partner <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced							
Frail or Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Live Alone: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do You Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please Specify): _____							
Race (Mark all that apply): <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian-South Asian: _____ <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Other (Please Specify): _____							
Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic or Latino/a							
Number in Household: _____				Annual Household Income: <input type="checkbox"/> Less than \$11,670 <input type="checkbox"/> \$23,596–\$23,850 <input type="checkbox"/> \$11,670–\$15,730 <input type="checkbox"/> \$23,851–\$27,910 <input type="checkbox"/> \$15,731–\$17,504 <input type="checkbox"/> \$27,911–\$29,685 <input type="checkbox"/> \$17,505–\$19,790 <input type="checkbox"/> \$29,686–\$31,970 <input type="checkbox"/> \$19,791–\$23,595 <input type="checkbox"/> \$31,971+			



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EMERGENCY CONTACTS	
Full Name:	Full Name:
Relation to You:	Relation to You:
Phone Numbers :	Phone Numbers :
Street Address, City, State, Zip Code: _____	Street Address, City, State, Zip Code: _____

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

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

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



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New York City Department for the Aging

Last Name: _____	First Name: _____
Address: _____	Apt. Number: _____
City: _____	State: _____
Zip: _____	Home Phone: _____
Program: _____	Cell Phone: _____

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)



New York State Voter Registration Form

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 US 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 10 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'll 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.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683으로 전화 하십시오.

যদি আপাদ এই ফর্ম বা বাংলাতে পপতে চাওঁ হেঁস্ত

! It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

1 Are you a citizen of the U.S.? Yes No

If you answer **No**, you cannot register to vote.

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

2 B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? Yes No

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

For board use only

! Qualifications

Your name

3 Lastname _____ Suffix _____
First name _____ Middle Initial _____

More information
Items 5, 6 & 7 are optional

4 Birth date M M / D D / Y Y Y Y 5 Gender _____
6 Phone - - 7 Email _____

The address where you live

8 Address (not P.O. box) _____
Apt. Number _____ Zip code
City/Town/Village _____
New York State County Select your New York State County

The address where you receive mail
Skip if same as above

9 Address or P.O. box _____
P.O. Box _____ Zip code
City/Town/Village _____

Voting history

10 Have you voted before? Yes No 11 What year?

Voting information that has changed
Skip if this has not changed

12 Your name was _____
Your address was _____
Your previous state or New York State County was _____

Identification

You must make 1 selection
For questions, please refer to Verifying your identity above.

13 New York State DMV number
 Last four digits of your Social Security number x x x - x x -
 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 _____

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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

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



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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

Address and stamp this section

Your address



Place
First-Class
Stamp
Here

Before mailing,
remove tape,
fold and seal

Your County Board of Elections address (select from below)

New York City 32 Broadway, 7th Fl. New York, NY 10004 (212) 487-5300	Chenango 5 Court St. Norwich, NY 13815 (607) 337-1760	Franklin 355 West Main St. Ste. 161 Malone, NY 12953 (518) 481-1663	Lewis 7660 N. State St. Lowville, NY 13367 (315) 376-5329	Oneida Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765	Putnam 25 Old Route 6 Carmel, NY 10512 (845) 808-1300	Schuyler County Office Bldg. 105 9th St., Unit 13 Watkins Glen, NY 14891 (607) 535-8195	Ulster 79 Hurley Ave. Suite 112 Kingston, NY 12401 (845) 334-5470
Albany 260 S. Pearl St. Albany, NY 12202	Clinton Cnty Government Ctr. Ste. 104 137 Margaret St.	Fulton 2714 St. Hwy 29 Ste. 1	Livingston County Govt. Ctr. 6 Court St. Room 104	Onondaga 1000 Erie Blvd West	Rensselaer Ned Pattison Government Ctr. 1600 Seventh Ave.	Seneca One DiPronio Dr.	Warren Cnty. Municipal Ctr. 3rd Floor Human Serv. Bldg
(518) 487-5060	Plattsburgh, NY 12901	Johnstown, NY 12095	Geneseo, NY 14454	Syracuse, NY 13204	Troy, NY 12180	Waterloo, NY 13165	1340 St. Rte. 9
Allegany 8 Willets Ave.	Columbia	Genesee	Madison	Ontario	Rockland	Steuben	Lake George, NY 12845
Belmont, NY 14813	401 State St.	County Building #1	County Office Bldg.	74 Ontario St.	11 New Hempstead Rd.	3 E. Pulteney Sq.	(518) 761-6456
(585) 268-9294	Hudson, NY 12534 (518) 828-3115	15 Main St. Batavia, NY 14020 (585) 815-7804	N. Court St. PO Box 666 Wampsville, NY 13163 (315) 366-2231	Canandaigua, NY 14424 (585) 396-4005	New City, NY 10956 (845) 638-5172	Bath, NY 14810 (607) 664-2260	Washington 383 Broadway Fort Edward, NY 12828 (518) 746-2180
Broome Government Plaza 60 Hawley St. PO Box 1766 Binghamton, NY 13902 (607) 778-2172	Cortland 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032	Greene 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3550	Monroe 39 Main St. W. Rochester, NY 14614 (585) 753-1550	Orange 75 Webster Ave PO Box 30 Goshen, NY 10924 (845) 360-6500	St. Lawrence 80 State Hwy 310 Canton, NY 13617 (315) 379-2202	Suffolk Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500	Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400
Cattaraugus 207 Rock City St. Suite 100 Little Valley, NY 14755 (716) 938-2400	Delaware 97 Main St. Suite 5 Delhi, NY 13753 (607) 832-5321	Hamilton Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684	Montgomery Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180	Orleans 14016 Route 31 West, Ste. 140 Albion, NY 14411 (585) 589-3274	Saratoga 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249	Sullivan Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400	Westchester 25 Quarropas St. White Plains, NY 10601 (914) 995-5700
Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285	Dutchess 112 Delafield Street, Suite 200 Poughkeepsie, NY 12601 (845) 486-2473	Herkimer 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102	Nassau 240 Old Country Rd. 5th Fl. PO Box 9002 Mineola, NY 11501	Oswego 185 E. Seneca St. Box 9 Oswego, NY 13126 (315) 349-8350	Schenectady 2696 Hamburg St. Schenectady, NY 12303 (518) 377-2469	Tioga 1062 State Rte. 38 PO Box 306 Owego, NY 13827 (607) 687-8261	Wyoming 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931
Chemung 378 South Main St. PO Box 588 Elmira, NY 14902 (607) 737-5475	Erie 134 W. Eagle St. Buffalo, NY 14202	Jefferson	(516) 571-8683	St. Lawrence 204 Main St. Ste. 2	Schoharie County Office Bldg. 204 Main St. PO Box 9	Tompkins County House Annex	Yates
Mayville, NY 14757	(716) 858-8891	175 Arsenal St.		140 County Hwy. 33W	Schoharie, NY 12157	128 E. Buffalo St.	Ste. 1124
(716) 753-4580	Essex	Watertown, NY 13601	Niagara	Cooperstown, NY	(518) 295-8388	Ithaca, NY 14850	417 Liberty St.
	7551 Court St. PO Box 217 Elizabethtown, NY 12932 (518) 873-3474	(315) 785-3027	111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040	13326 (607) 547-4247		(607) 274-5522	Penn Yan, NY 14527 (315) 536-5135



(Optional) Register to donate your organs and tissues

If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS *Donate Life*™ Registry online at www.donatelife.ny.gov or complete the form below.

Eye color

Last name

First name

Middle Initial

Suffix

Address

Apt. Number

City

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:

Email

Zip code

Gender M F

Height Ft. In.
DMV or ID NYC #

- 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.

Sign	Date
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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