

LEBANON SENIOR CENTER

670 Coles Ferry Pike
Lebanon, TN 37087
615-449-4600

Membership Application

1. First Name _____

2. Middle Initial _____

3. Last Name _____

4. Check Gender

Male

Female

5. Date Of Birth _____

6. What document was used to verify age?

- Birth Certificate School Record
 Driver's License Employment ID Card
 Soc. Sec./Medicare Card U.S. census records
 Military/Veteran's ID Card Passport
 Wedding or Divorce decree Self Declaration
 Other-Specify

7. Mailing Address

8. City _____

9. State _____ 10. Zip Code _____

11. County _____

12. Primary Phone _____

13. Secondary Phone _____

14. Email Address

15. Emergency Contact Name & Number

16. Relationship To Emergency Contact

- Caregiver Friend Spouse
 Child Sibling

17. Check Primary Race

- White Asian Black/African American
 Native Hawaiian/Other Pacific Islander
 American Indian/Native American
 Other/Specify _____

18. Check Secondary Race

- White Asian Black/African American
 Native Hawaiian/Other Pacific Islander
 American Indian/Native American
 Other/Specify _____

19. Ethnicity: Hispanic? Yes No

20. Do you have a disability that limits activities such as mobility or self care?

Yes No

21. Is income below \$790 monthly for 1 person or below \$1,069 for a couple?

Yes No

22. I understand that information collected may be used in statistical reports and I hereby give my permission to use information collected about me if it does not identify me personally.

Yes No

Participant Signature Page

REQUEST FOR INTERAGENCY INFORMATION SHARING:

I receive services from more than one program funded through the Tennessee Commission on Aging and the area agency on aging. I request the information from my assessment be shared with the agencies listed below that would otherwise have to interview me again to collect the same data.

Yes or No

AUTHORIZATION FOR REFERRAL FOR SERVICES:

I give my permission for Lebanon Senior Citizens Center to contact on my behalf the agencies or persons listed below and to release only such information to them as may be needed to determine the level and types of services that I may need. I also grant permission to the receiving agencies to report back regarding services that I may or may not receive and/or any additional information that may significantly reflect on my need for services.

Yes or No

If yes, the following information will be shared with the following agencies:

<u>AGENCY</u>	<u>PURPOSE</u>
1. _____	_____
2. _____	_____

GRIEVANCE PROCEDURE:

I understand that if I have a serious complaint about not receiving adequate service from the Lebanon Senior Citizens Center I have a right to complain to the proper authorities with no penalty to me.

HOLD HARMLESS AGREEMENT:

Member acknowledges that he/she will use the Lebanon Senior Citizens Center facilities at his/her own risk and agrees to indemnify and hold harmless the LSCC and its officers and employees from any and all claims, demands and lawsuits, including attorney's fees.

CLIENT AGREEMENT:

By my signature, I affirm that I have read, or have had explained to me, the above statements. The telephone number I need for complaints has been left with me, and I do give the authorization necessary for release of information as listed above. Unless otherwise stated this release of information expires in one year.

SIGNATURES

_____	_____	_____
<u>DATE</u>	<u>PARTICIPANT</u>	<u>EMPLOYEE INITIALS</u>
_____	_____	_____
<u>DATE</u>	<u>PARTICIPANT</u>	<u>EMPLOYEE INITIALS</u>
_____	_____	_____
<u>DATE</u>	<u>PARTICIPANT</u>	<u>EMPLOYEE INITIALS</u>