



Welcome Prospective 50+ Center Member!

Below you will find the registration packet for membership to Howard County 50+ Centers. In this packet are a Registration Form, Privacy Notice, Waiver and Release Form, and Nutrition Form.

Please print and fill out the Registration Form, Waiver and Release Form, and the Nutrition Form and take them to your local Center for processing. Keep the Privacy Notice for your records.

Once you have filled out and turned in the forms, you will receive a Membership Card with a photograph which will allow you to register for activities and programs at your local Center and online.

If you have any questions, please contact your local 50+ Center.

Bain 50+Center

5470 Ruth Keeton Way
Columbia, MD 21044
410-313-7213

Ellicott City 50+ Center

9401 Frederick Road
Ellicott City, MD 21042
410-313-1400

East Columbia 50+ Center

6600 Cradlerock Way
Columbia, MD 21045
410-313-7680

Glenwood 50+ Center

2400 Route 97
Cooksville, MD 21723
410-313-5440

Elkridge 50+ Center

5660 Furnace Ave (temporary
location)
Elkridge, MD 21075.
410-313-5192

Longwood 50+ Center

6150 Foreland Garth
Columbia, MD 21045
410-313-7217

Join us at the new Elkridge
50+ Center at 6540
Washington Blvd in March
2018!

North Laurel 50 + Center

9411 Whiskey Bottom Road
Laurel, MD 20723
410-313-0380



Center Registration Form

Office use only:
AIM ID# _____

Last Name _____ First Name _____ Middle / (or Known As) _____ Date of Birth _____/_____/_____

If you need this information in an alternate format, call 410-313-6537.

Address: _____
City: _____
State: _____ Zip: _____
Phone (H): _____ Phone (C): _____

Emergency Contact Information:

Name: _____
Relationship: _____ Phone (H): _____
Phone (W): _____ Phone (C): _____

Email address: _____

Yes! Please email me the latest news and information.

NEW MEMBERS ONLY:

How did you hear about the 50+ Center?

Family/Friend
 Office on Aging and Independence/MAP
 50+ Connection/Beacon
 Howard County Resource Guide
 50+EXPO
 Howard County website Library
 Recreation & Parks Health Dept.
 Other _____

Gender: (Check one)

Female
 Male
 Decline, prefer not to answer

Race: (Check all that apply)

White
 African American
 American Indian/Alaskan
 Asian
 Hawaiian/Pacific Islander
 2 or more Races
 Other _____

Ethnicity: (Check one)

Hispanic
 Non-Hispanic

Living Arrangement: (Check one)

Do you live alone? Yes No

Income: (Check one)

- Single, Below \$1005/mo
- Single, Above \$1005/mo
- Married, Below \$1353/mo
- Married, Above \$1353/mo
- Refuse to answer

I have received a copy of the Privacy Notice.

Signed: _____ **Date:** _____

Information verified by member: 2nd yr. Initials: _____ Date: _____
 3rd yr. Initials: _____ Date: _____ 4th yr. Initials: _____ Date: _____

For Office Use Only: Revised September 2017

Received by: _____ Date received: _____

Initial AIM Data Entry Entered by: _____ Date entered: _____ Initial ActiveNet Data Entry Entered by: _____ Date entered: _____

Second year AIM data entry Entered by: _____ Date entered: _____ Third Year AIM data entry Entered by: _____ Date entered: _____

Fourth year AIM data entry Entered by: _____ Date entered: _____



PRIVACY NOTICE

Why does the Howard County Office on Aging and Independence ask for my personal information?

The information is used:

1. To register you for membership in 50+ Centers and programs
2. To determine if you qualify for other programs or services

Aggregate information about persons we serve is reported to the Maryland Department of Aging (“MDOA”)

Your Privacy is Important

Howard County Government and MDOA will not voluntarily share any facts that identify you with any third party. Facts that identify you include your name, address, telephone number, gender, email address and date of birth.

You may refuse to provide some or all information requested. However, please note that ongoing federal and state funding granted to the Office on Aging and Independence is dependent upon the Office on Aging and Independence providing aggregate information about individuals we serve including, but not limited to, race, ethnicity, income, age, gender, and marital status. Also, if a program is available to individuals who meet its qualifications (such as age or income) and you do not share the facts that demonstrate that you qualify, then you may not be able to participate in that program. Howard County Office on Aging and Independence staff are available to discuss qualifying criteria.

You have the right to look at the record that identifies you. To view your information, make a request in writing to:

Administrator
Howard County Office on Aging and Independence
6751 Columbia Gateway Drive, Suite 200
Columbia, MD 21046

or

Maryland Department of Aging
301 West Preston Street, Suite 1007
Baltimore, MD 21201



FITNESS WAIVER & RELEASE FORM

I understand that there is a certain amount of risk associated with any physical activity, and both benefits and risks associated with any exercise program, and hold Howard County, Maryland and its employees harmless for my activities. If applicable, I have obtained all necessary medical clearances needed to use the equipment and/or start an exercise routine. I agree that if I engage in any physical exercise or activity, or use any County equipment on the premises, I do so entirely at my own risk. I agree that I am voluntarily participating in these activities and the use of these facilities and premises. I assume all risks of injury, illness, or death. In addition, the County is not responsible for any loss of my personal property. This waiver and release of liability includes, without limitation, all injuries that may occur as a result of: (a) my use of all amenities and equipment in the facility and my participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment and (c) our instruction, training, and supervision. I acknowledge that I have carefully read this "Waiver and Release" and fully understand that it is a release of liability. I expressly release and discharge the County, and all employees, agents, representatives, successors, or assigns, from any and all claims or causes of action, and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against the County or its employees for personal injury or property damage.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Medical Issues for Participant We Should Be Aware of:

Emergency Contact: _____

Phone: _____ Cell Phone: _____

Name: _____

Date of Birth: _____

The warning signs of poor nutritional health are often overlooked.
Use this checklist to find out if you are at nutritional risk.

DETERMINE YOUR NUTRITIONAL HEALTH

- TO COMPLETE:** 1) Read the statements below.
2) Circle the numbers in the YES column that apply.
3) Check your total score against the ranges below.

	Circle if YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than two (2) meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have three (3) or more drinks of beer, liquor or wine 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 (3) 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 (6) months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL all circled items	

TOTAL YOUR NUTRITIONAL SCORE. IF IT'S ...

0-2 Good!

Recheck your nutritional score at least once a year.

3-5 You are at Moderate Nutritional Risk.

See what can be done to improve your eating habits & lifestyle. **A registered dietitian is available for a private consultation and classroom teaching at all Howard County 50+ Centers. Contact a nearby center to schedule a consultation.** Recheck your nutritional score in 3-6 months.

6 You are at High Nutritional Risk.

or higher Take this checklist the next time you see your doctor, dietitian or other qualified health or social service professional or visit with a registered dietitian at any of Howard County's 50+ Centers. Contact a nearby center to schedule a consultation.

Remember – Warning signs suggest risk but are not a diagnosis of any condition. See the back of this form for more information on causes & effects of poor nutrition.

For more information,
call Maryland Access Point of Howard County
at 410-313-1234
or visit the website at www.howardcountymd.gov/aging

The Nutrition Checklist is based on the Warning Signs described below.

Use the word DETERMINE to remind you of the Warning Signs.

DISEASE Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS/MOUTH PAIN A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well, or cause mouth sores, make it hard to eat.

ECONOMIC HARDSHIP As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less – or choosing to spend less than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS/GAIN Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80 Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

The Nutrition Screening Initiative - 1010 Wisconsin Avenue, NW - Suite 800 Washington, DC 20007 The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.