

**Ogden City Golden Hours Senior Active Center
Code of Conduct, Computer Lab Agreement, Disciplinary,
Grievance and Appeal Procedures**

I acknowledge that I have read and fully understand the Golden Hours Center Code of Conduct, Disciplinary, Grievance and Appeal Procedures and agree to comply with all rules and procedures as stated.

I understand that failure to abide by these eligibility requirements and rules for participation may result in corrective measures and/or restrictions, including suspension or revocation of my Center membership and the privileges of such.

I do hereby release and forever discharge Ogden City, its agents, employees, volunteers and affiliates, from any and all actions, causes of actions, liabilities, claims or demands for or by reason of any damage, loss, or injury which may be sustained by me as a result of my participation in Center activities.

NAME (print): _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____

ISSUING GOVERNMENT IDENTIFICATION: _____

IDENTIFICATION NUMBER: _____ EXPIRATION: _____

SIGNATURE OF MEMBER: _____

DATE: _____

Revised 10-21-16

Updated info _____ Pass printed _____ Napis ¹¹ _____

Weber/Morgan Area Agency on Aging

Center Name: _____

Date: _____

Name: _____ DOB: _____ Phone: _____	
Address: _____ City: _____ Zip Code: _____	
Email Address: _____ How did you hear about the center? _____	
What are you interested in doing at the center? _____	
1 st Emergency Contact: _____ Relationship: _____	
Address: _____ Phone: _____	
2nd Emergency Contact: _____ Relationship: _____	
Address: _____ Phone: _____	
Living Situation: A – Alone F – With Friend P – With Parent S – With Spouse C – With a Child N – Nursing Home R – With a Relative O – Other: _____	
Gender: F – Female M – Male O – Other D – Decline to answer	
Race/Ethnicity: A – Asian B – Black (African American) C – Caucasian H – Hispanic N – American Indian (or Alaska Native) P – Pacific Islander O – Other: _____	
Low Income: Y – Yes N – No (Based on 100% of Federal Income Poverty Guideline: \$1,073/month for single, \$1,452/month for couple)	
<u>Nutritional Risk Score 6 or above: Y – Yes N – No</u>	
Please use the back side of this card (or separate sheet if attached) to determine your score	

Use this checklist to find out if you are at nutritional risk. Read the statements below. Circle the number in the "Yes" column for those that apply to you. Add up the circled numbers to get your total nutritional risk score.

	YES
1. I have an illness or condition that has made me change the kind and/or amount of food I eat.	2
2. I eat fewer than two meals a day.	3
3. I eat few fruits, vegetables, or milk products.	2
4. I have three or more drinks of beer, liquor, or wine almost every day.	2
5. I have tooth or mouth problems that make it hard for me to eat.	2
6. I don't always have enough money to buy the food I need.	4
7. I eat alone most of the time.	1
8. I take three or more different prescribed or over-the-counter drugs a day.	1
9. Without wanting to, I have lost or gained 10 pounds in the last six months.	2
10. I am not always physically able to shop, cook, and/or feed myself.	2

0-2 Good! Recheck your score in six months.

3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior citizens' center, or health department can help. Recheck your score in three months.

6 or More Your are at high nutritional risk. Bring this checklist the next time you see your doctor, dietitian, or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.