



2021 Senior Center Participant Registration Form



MILWAUKEE COUNTY
Department on Aging

Participant Name: _____ **Birth Date:** ____/____/____
(First Name) (Last Name) (Middle Initial)

Address: _____ **Apt:** _____ **City:** _____ **Zip:** _____

Housing Complex name (if applicable): _____ **Home Phone:** _____ **Cell Phone:** _____

Email Address: _____ **Email Program/Event Info:** Yes No

Senior Center: (Please mark one) Clinton Rose Kelly McGovern Washington Wilson

How did you hear about us: Friend/Family Member Brochure MCDA 211 Media
 Professional Agency _____ Other _____

Demographic Information - Information below is required for various grants and is only used as compiled data for the purpose of writing grants in support of senior services within SOA.

Gender: Male Female Other **Ethnicity:** Hispanic Non-Hispanic

Marital Status: Single Married Partnered Separated Divorced Widowed

Race: (Please mark one) White Black/African American Asian Hispanic American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Other Multi-Racial

Are you a U.S. Citizen: Yes No **Do You Live Alone:** Yes No **Veteran:** Yes No

Spouse/Partner Name (if they attend the center): _____

Family Size and Income Levels: (Please circle one). Below is a chart listing various income levels

Instructions	Family Size	Monthly Income Level 1	Monthly Income Level 2	Monthly Income Level 3	Monthly Income Level 4
Find your family size in the gray column. Search across that row and circle the box in which your family income falls.	1	\$ 1,063 or below	Between \$1,063 and \$1,595	Between \$1,596 and \$2,127	\$2,128 or above
	2	\$ 1,437 or below	Between \$1,437 and \$2,155	Between \$2,156 and \$2,873	\$2,874 or above
	3	\$ 1,810 or below	Between \$1,811 and \$2,715	Between \$2,716 and \$3,620	\$3,621 or above
	4	\$ 2,183 or below	Between \$2,184 and \$3,275	Between \$3,276 and \$4,367	\$4,368 or above
	Additional Person	\$373	\$560	\$747	\$933

All memberships expire at the end of each calendar year

Site: _____ New participant Renewal Card # _____ Card Printed _____



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Medical/Allergies/etc.: _____

Emergency Contact: Please provide two contacts.

1. In Case of Emergency (ICE), Notify: _____
 Relationship: _____ ICE Phone Number: _____
2. In Case of Emergency (ICE), Notify: _____
 Relationship: _____ ICE Phone Number: _____

PERMISSION: In the event of any injury requiring medical attention, I hereby grant permission to the Serving Older Adults of Southeast Wisconsin, Inc., (SOA) staff (including volunteers) to attend to me including seeking medical attention.

WAIVER: I understand that I should seek consultation from my doctor about whether I can safely participate in any activity, program, or special event at the center. I recognize that unanticipated situations and problems can arise during activities that are not reasonably within the control of the staff (including vendors, volunteers, and other participants). I therefore agree to release and hold harmless SOA, Milwaukee County Department on Aging (MCDA), Milwaukee County, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest, and expense (including attorneys' fees and costs, accident, injury and medical services) arising from such activities.

PHOTO PERMISSION/RELEASE: I understand that there are times when the local news media, national news media and/or nonprofit organizations partnering with SOA's request the opportunity to videotape, take photographs and/or interview me. By signing this release, I also give permission to SOA to make or use pictures, slides, digital images, or other reproductions of me, or of materials owned by me, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of SOA. I understand that by signing this, I am releasing SOA and its directors, officers, employees, and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid until I revoke my permission in writing. I further give my consent to SOA and MCDA to share the participant's records (in aggregate form) with each other, for reporting purposes and support. In addition, I understand that SOA may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

Participant Code of Conduct & Addendum

I acknowledge that I have read and agree to abide by the provisions listed in Serving Older Adults Senior Center's Code of Conduct and the addendum. I understand and agree that by signing this Code of Conduct Addendum I am assuming any risk and liability associated with attending the center should I contract COVID-19.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

Signature: _____ Date: _____

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Site: _____ New participant Renewal Card # _____ Card Printed _____



Serving Older Adults of Southeast Wisconsin (SOA)
Senior Center Participant Code of Conduct



The Senior Center staff is responsible for maintaining order within the Center. Center participants are responsible for their own personal safety.

In keeping with our mission, *to provide opportunities and services to adults 50 and better*, SOA is committed to providing quality experiences for all senior center participants. Seniors can expect they will be able to participate in an environment free from:

1. Physical or verbal harassment or any physical violence to include but not limited to hitting, pushing, etc.
2. Sexually explicit language, websites, images, and other materials.
 - Inappropriate sexual behavior on Center property; consisting of sexual advances, requests for sexual favors, physical contact of a sexual nature; or verbal or physical conduct of a sexual nature toward anyone of the same or opposite gender.
 - Inappropriate verbal or physical conduct of a sexual nature, which includes but is not limited to the deliberate and the repeatedly making of unsolicited gestures or comments of a sexual nature; the deliberate, repeated display of offensive sexually graphic materials via print, computer, or other electronic device or deliberate verbal or physical conduct of a sexual nature that creates an intimidating, hostile or offensive environment.
 - Obscene gestures or discriminatory, harassing, accusatory or inappropriate statements/language referring to race, sex, sexual orientation, age, faith or mental/physical impairment.
3. Unpleasant personal hygiene.
4. Anxiety/distress caused by being placed in a situation unfamiliar to them by a person (caregiver, family member, friend or other), who has assumed responsibility for providing their care.
5. Solicitation for any purposes other than approved SOA activities, including asking for money, contributions, or donations.
6. Cigarettes, alcohol, narcotics and drug paraphernalia.
7. Any person carrying and concealing a weapon, to include guns or knives. Physical violence and the possession of guns and weapons on the grounds will involve law enforcement and will result in being permanently prohibited from coming to the center and having any participant rights.
8. Loud obnoxious and/or disruptive behavior.
9. Any other conduct that infringes upon the ability for all participants and staff to enjoy activities in a safe and friendly environment.
10. Being solicited to form or join a committee without approval from Senior Center Director, to include personal agendas. Any concerns about the center must go directly to the Center Director.
11. Individuals who require assistance in order to participate in center activities (such as, but not limited to, feeding, toileting, transferring, behavior modification/redirection, etc.) should be accompanied at all times by someone that can assist them.
 - Any expectation of staff providing services as a caregiver. Center staff are not trained caregivers. Center staff are not responsible to ensure that participants engage in activities, eat lunch or stay in the building.

Any participant whose behavior infringes on the rights of other participants and/or staff, will be asked to stop the behavior, and could result in being asked to leave the center or to be prohibited from all Senior Centers managed by SOA. Law enforcement may be contacted for any threat or incident of assault or for willful destruction property. The Senior Center Manager and the Director of Senior Centers will make this determination. An expulsion at one center extends to all SOA centers.

*Participants may make a written appeal of this decision to the attention of the SOA's President and CEO:
Serving Older Adults - 2601 W Howard Ave, Milwaukee, WI 53221*

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2020 Senior Center Participant COVID-19 Code of Conduct Addendum

When visiting a Milwaukee County-owned senior center, managed by Serving Older Adults (SOA), you voluntarily assume all risks related to exposure to COVID-19. Serving Older Adults has instituted policies and procedures to mitigate risk of exposure, however, it is not possible to eliminate the risk. All staff, volunteers, instructors, visitors and participants will wear masks, social distancing will be enforced, and enhanced cleaning and disinfecting protocols have been put in place in keeping with guidance from the CDC and County health officials. In order to reduce the risk to yourself and others, please read the statements below and sign the form to acknowledge your agreement.

- I understand that I am required to wear a mask indoors and outdoors and agree to wear one at all times unless I provide a written notice from my doctor exempting me from wearing a mask.
- I agree to practice social distancing at all times in the center and outdoors.
- I understand that I must have a reservation in a scheduled activity or for a specific space to enter the center. I accept that I will be turned away if I do not have a reservation.
- I understand that there is a fifteen-minute window for registered participants to arrive and sign in for their program and a fifteen-minute window for leaving the building after a program. I agree to abide by those limitations.
- I agree to have my temperature taken on arrival and to honestly answer COVID-19 screening questions. I understand and agree that I will be asked to leave the center if my temperature is above 100.4 degrees or I answer yes to the COVID-19 screening questions.