

**Services Provided to Client:**

	Start Date	Funding	End Date	Reason Ended	Re-Opened
Congregate		Title III			
Recreation		Title III			
Transportation		Title III			

**DISCLOSURE STATEMENT:**

The Client Registration Form was developed to assist the Council on Aging to monitor the effectiveness of senior programs offered to the citizens of Ohio. Any client information obtained from this form will be kept confidential and no personal identifying information about a client (i.e. Name, address, telephone number, etc...) will be released to the public without the client's prior written consent, or unless otherwise required under federal law.

The data collected (i.e. age, sex, race, low-income status, ADLs and IADLs) will be forwarded to the Council on Aging and summarized and reported to the Ohio Department of Aging (ODA) and the Administration on Aging (AoA) in order to keep both state and federal legislators informed on the effectiveness of senior programs (as required by the Older Americans Act reauthorization). While all clients receiving services under the Older Americans Act are asked to complete the attached form in full, no client may be denied services for refusing to provide any of the information requested, including Social Security number.

If you have any questions, ask the staff to explain why this is necessary.

**Release of Client Information Authorization**

I hereby grant permission to the Middletown Area Senior Citizens, Inc. to release information in case of an emergency. I also grant permission to release information to another agency if requested regarding services provided.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**Local Emergency Contact**

**In case of a Natural Disaster, is there a relative, neighbor, or friend that can check on your safety at your residence? YES\_\_\_\_\_ NO\_\_\_\_\_**

**If the answer is no, would you like for the Middletown Senior Center to check on you at your residence?**

YES\_\_\_\_\_ NO\_\_\_\_\_

F\_\_\_\_\_

V\_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_