



TOWN OF EAST HARTFORD SENIOR CENTER POLICIES AND PROCEDURES



Contents

INTRODUCTION	1
Mission.....	1
POLICIES AND PROCEDURES	1
Hours of operation.....	1
Use of Senior Center Building and Facilities	2
Solicitation	2
Donations.....	2
Membership.....	2
Guests	2
Volunteers.....	3
Eligibility and participation	3
HEALTH AND SAFETY	4
Illness	4
Weapons	4
Tobacco Use.....	4
Alcohol/Drugs	4
Pets	4
Emergencies.....	4
Exclusion from Senior Center and Transportation Services	5
Complaint Process.....	5
FOOD/MEAL SERVICE	5
FITNESS CENTER MEMBERSHIP POLICIES	6
TRANSPORTATION	7
East Hartford Dial-a-Ride (in-town rides).....	7
ADA Paratransit Service (out-of-town rides)	7
Town Senior Bus.....	7
TECHNOLOGY CENTER.....	8
Printing, Copying & Fax Services.....	8

INTRODUCTION

The East Hartford Senior Center serves as a central recreational and meeting place for residents ages fifty-five and older. The center staff coordinates a variety of fitness and enrichment classes, health and wellness screenings, as well as educational, creative, cultural and social programming.

Senior Services staff at the center are available to assist seniors with meeting basic needs and provides case management, navigating the complex Medicare system, mutual support networks, crisis intervention, community education, and provides resources to homebound seniors.

The Senior Center/Senior Services division operates under the Department of Parks and Recreation.

Mission

The East Hartford Senior Center's mission is to safeguard and empower East Hartford older adults to sustain dignity, integrity, health, well-being and independence.

POLICIES AND PROCEDURES

Hours of operation

The East Hartford Senior Center is open to participants Monday through Friday, 8:30am to 4:30pm, extended hours on Tuesday and Thursday 8:30am-7:30pm, and Saturday 9am-12pm. Extended hours may be dependent on available staffing. Occasional programs may be scheduled during evening and/or weekend hours. Any change to facility operating hours will be advertised on the Town website www.easthartfordct.gov/senior-services, Facebook [fb.com/TownOfEastHartford](https://www.facebook.com/TownOfEastHartford), the monthly Newsletter, and to all Center members via robocall and email.

The Center is closed on all Town recognized Holidays. Holidays falling on a Saturday will be observed on the Friday prior and holidays falling on a Sunday will be observed on the following Monday.

New Year's Day	Indigenous People's Day
Martin Luther King Jr. Day	Veterans Day
Lincoln's Birthday	Good Friday
Washington's Day	Thanksgiving
Memorial Day	Independence Day
Labor Day	Christmas Day

The East Hartford Senior Center follows the East Hartford Board of Education closure policies for inclement weather. If East Hartford public schools are closed due to inclement weather all Senior Center programming, lunch and transportation will be cancelled. However, the Center will remain open to seniors during this time for drop-in and passive use. In the event of inclement weather, please tune to WFSB Channel 3, NBC Channel 30, or Fox 61 to view announced closures, please look for the posting "East Hartford Senior Center – No Activities". During events that require prolonged closure of the Center, updates and information will be made available through our Senior Center communications system as well as on the town website and social media.

Use of Senior Center Building and Facilities

Due to limitations and space for Senior programming the current building use policy restricts use or rental of the Senior Center to outside agencies, except in cases where the agencies function provides a direct benefit to the Senior Center. Requests for use under this exception should be made in writing to the Senior Center Coordinator. All Senior Center use will abide by the Town's facility use policies and insurance requirements.

Solicitation

The Center prohibits the presentation of products or services by For-Profit Businesses. It is our desire for the Center to be a place for seniors to come and enjoy a commercial-free and unsolicited environment. We may allow select organizations to present on educational topics without an expectation of financial gain on a limited basis as approved by the Center Coordinator.

Donations

Due to limited storage the East Hartford Senior Center will not accept donations of household items, including but not limited to clothing, books and furniture. Businesses, organizations or individuals looking to donate to the Senior Center can contact the Center Coordinator.

Membership

Senior Center programs are open to East Hartford residents only, aged 55 or older along with their care giver if applicable. On occasion, the Senior Center may have special events where people under 55 years of age are invited. To participate in Senior Center programs and activities membership registration is required. A valid CT driver's license or CT ID card must be presented along with a completed Senior Center waiver to complete membership requirements. Currently there are no membership dues however, there may be individual program fees¹. All individuals must register and pay (if applicable) for classes at the Center or online prior to participating in that activity. Upon completion of registration, members will be issued a membership card. If a card is lost a new card will be issued, members will be responsible for a replacement fee of \$3.00.

For safety and record keeping Members are required to scan their membership card upon entering the Center. Every time a member enters the building they must scan their membership card and select the program(s) they are here to attend. If it is an unstructured program, members select "Drop-in-visit". If an individual is here to volunteer, they need to select the volunteering icon when they arrive. All records are confidential and maintained accordingly.

Parking is available as well as handicapped parking for Senior Center guests and participants on a first come first serve basis. Additional parking is available on the side streets adjacent to the Center.

Guests

Non-East Hartford residents may visit the East Hartford Senior Center accompanied by a registered member on Fridays as announced by the Senior Center staff. The number of guests may be limited due to space and programming needs. Pre-registration and waivers will be required of all guests.

¹ See Appendix A for program and event fees

Volunteers

East Hartford seniors who wish to volunteer at the center can inquire with the Center Coordinator for volunteer opportunities. All volunteers must complete a Town Volunteer Form and waiver². Volunteers must check in when entering the Center and report their hours under volunteer when they leave the building.

Eligibility and participation

The Senior Center is accessible for those with disabilities. Our programs are designed for East Hartford residents age 55+. The Town reserves the right to assess the ability of potential Senior Center members to safely and appropriately use the Senior Center. This is to insure the health and safety of all attendees. Members must be independent and oriented; Senior Center staff members are not allowed to provide hands-on assistance.

As needed a member will be allowed to have a caregiver such as a home health aide, companion, escort or family member accompany them for his/her participation in Center activities or utilization of Dial-A-Ride transportation services. Members must communicate this accommodation in advance to Senior Center Staff. Caregivers will not be allowed to individually participate in center activities and programs as they are there to provide assistance so the member is able to participate.

Members requiring an aide or companion to participate must be accompanied by them at all times while at the Center and when using Dial-A-Ride services. In the event the aide or companion does not provide adequate assistance or leaves the member unassisted at any time, the emergency contact person on file will be notified. If the contact person is not available, Police Department may be contacted.

Individuals with issues that cannot be managed by their aide or companion may be excluded from participation. These problems include, but are not limited to:

- Disorientation/wandering
- Prescription drug monitoring
- Drug or alcohol abuse
- Regularly occurring seizures
- Poor personal hygiene
- Inability to feed oneself
- Chronic unmanageable incontinence
- Chronic contagious disease
- Abusive or harmful language or aggressive behavior
- Cognitive impairment
- Behavioral health problems
- Inability to toilet themselves independently
- Inability to properly use a motorized wheelchair

Prior to the exclusion for any of the above reasons the Senior Services Coordinator shall meet with the individual and/or family to express his/her concerns and possible solutions. A plan of action will be agreed to by all parties. Failure to agree or comply with the action plan may result in exclusion from the Senior Center and cancellation of membership privileges at the discretion of the Senior Services Coordinator.

² See Appendix B for volunteer form

HEALTH AND SAFETY

It is the Policy of the Town of East Hartford to provide a healthy and safe environment for its employees and visitors. Senior Center staff members are not responsible for any member entering or leaving the Center with other members or alone. Staff members are not responsible for any belongings or items that a member or guest bring into the Senior Center.

Illness

Participants are encouraged to use hand sanitizer which is located throughout the facility. If you are not feeling well or have a fever, take some time to rest and be well before you return to the Center.

Weapons

Weapons are not allowed inside the East Hartford Senior Center, or anywhere on Center grounds. Any visitor or member found in the possession of a weapon will be asked to leave the Senior Center. Repeat incidences will be reported to the East Hartford Police Department, and membership privileges may be revoked. Weapons includes, but is not limited to, any firearm, knife or other object that could be used to inflict harm upon another person.

Tobacco Use

The East Hartford Senior Center is a tobacco free facility. Tobacco use is not allowed in the Center or on buses. This includes cigarettes, E-cigarettes, chewing tobacco, snuff, cigars, cigarillos or any other tobacco or vaping product. Accordingly, smoking is prohibited in the following areas: Within any building or facility, or portion of any building or facility, owned, leased or operated by the Town; In any outdoor area within 50 feet of Town building or facility entrances, exits, balconies, ramps, fire escapes, air intakes and windows.

Alcohol/Drugs

Illicit drugs and alcohol are not permitted in the Center or the buses. If an individual is in possession of alcohol/drugs or under the influence inside the Senior Center, the East Hartford Police will be called and the individual will be banned from the Center.

Pets

Pets are not permitted inside the Center except during approved programs. Recognized or certified service pets are allowed. Any animal that has approval to be in the center will need proof of vaccinations, and proof of a State license will be required for all dogs.

Emergencies

Injuries or other emergencies that occur at the Center or while using transportation services, will be reported immediately and the appropriate documentation completed per Town Policy. Seniors must have current emergency contact information on file in the office. In the event of an emergency, it is the policy of the Town to place a 911 call. Seniors who are fully conscious may refuse medical assistance only after the emergency medical responders have arrived and evaluated their medical condition. If further medical treatment is recommended by the emergency medical responders and the member refuses to comply, the member will be asked to sign a waiver. Members who refuse medical attention must vacate the premises but cannot be transported by the senior center bus, car or any member of the staff.

Exclusion from Senior Center and Transportation Services

The Town of East Hartford enforces a zero tolerance policy of harassment and violence in all public buildings. Participants or the general public who do not adhere to this policy will be asked to leave the premises immediately. If the violator refuses to leave the premises, the East Hartford Police will be called.

The Town has the right to exclude any person who repeatedly and intentionally does not follow the guidelines set forth in this Policies and Procedure Manual. Infractions may be brought to the Coordinator's attention by staff members or other participants in Senior Center programs and Transportation Service. Actions that may lead to exclusion include but are not limited to:

- Intentionally damaging equipment or damaging property of the Senior Center.
- Sexual harassment of a verbal, written or physical nature.
- The use of obscene or profane language, gestures, bullying, verbal abuse and/or aggressive or violent behavior, and harassing other members or staff.
- Possession, use of or being under the influence of illegal drugs or alcoholic beverages.
- Intoxication, having alcohol on one's breath and or in possession of open containers of alcohol.
- Intentionally causing or attempting to cause physical injury to another person with the exception of self-defense.
- Repeated and intentional disregard for adhering to the rules and regulations as set forth herein.
- Carrying a dangerous object, firearm, knife or anything that would or could be used to cause personal injury to or that may be used to threaten another.
- Making disparaging remarks to another regarding their religion, national origin, sex or race.
- Making unauthorized physical contact with another participant or staff member.

Individuals who create serious disruptions or act inappropriately may be asked to leave a program or activity by a Senior Center staff member. If the individual does not leave voluntarily, the East Hartford Police will be contacted. If a participant feel that the behavior or action of another participant is harmful or threatening to themselves or others, they should bring this to the attention of a Senior Center staff member. All conversations will be handled with complete discretion and confidentiality.

Complaint Process

The East Hartford Senior Center has an open door policy. Participants with concerns about programming, policies, or who are involved in a dispute at the Senior Center are encouraged to first discuss the issue in private with the Senior Services Coordinator or a staff member who will bring it to the attention of the Coordinator.

FOOD/MEAL SERVICE

The Senior Center is a licensed food service establishment. For the safety of all and to comply with Federal and local health codes only staff members and registered food service volunteers are allowed in kitchen area. A staff member with a Qualified Food Operator (QFO) certification shall oversee all food service operations and enforcement of regulations. Lunches are served daily, Monday through Friday at the Center. On Mondays, Tuesdays, Thursdays and Fridays meals are provided by the Community Renewal Team (CRT) and in part by donations. CRT is a federally funded program. Participants must be

60 years of age or older and a CRT registration form ⁵³ must be completed prior to receiving a meal and updated yearly. A 24-hour advanced reservation is required. A suggested donation fee for this program may be established annually. Participants are not allowed to remove food from the building that is served from at the Center from CRT. On Wednesdays the Center provides a “Home” cooked meal to its members and on Fridays provides a Grab and Go prepared food service for the weekend.

FITNESS CENTER MEMBERSHIP POLICIES

1. East Hartford Senior Center Fitness Center is available to East Hartford residents 55 years of age and over at no cost.
2. Participants must have a signed Physician’s Medical Clearance form prior to using the fitness center. This form must be renewed annually.
3. Individuals will be required to attend an orientation session led by a certified fitness trainer prior to using the fitness center equipment. See program schedule for orientation dates.
4. Individuals must follow all safety rules and procedures as explained in their orientation session.
5. Members must wear appropriate workout attire including clean sneakers or rubber soled shoes in the fitness center. Members must change their shoes prior to entering the fitness center.
6. Members must wipe down equipment with provided wipes after use to reduce the spread of illness.
7. Food and beverage are not allowed in the fitness center except for water in bottles (not glass) or other spill-proof containers.
8. There is a 30 minute limit for using each piece of cardio equipment unless no one else is waiting.
9. The fitness center will only be open when a fitness trainer, volunteer, staff member is on duty or the buddy system with two or more individuals in the room. Volunteers cannot provide assistance with the equipment. Always remember that the facility is unsupervised when a fitness trainer is not present.
10. Individuals who have completed the required orientation session may make arrangements with our fitness trainer for additional private instruction as available.
11. Members of the Fitness Center must fully understand and sign an Informed Consent to Participate form before being approved to use the fitness center.
12. The East Hartford Senior Center reserves the right to revoke membership to the Fitness Center at any time if it is determined that continuation by the participant is detrimental to him/herself or to others.

³ See Appendix D form 5

TRANSPORTATION

East Hartford Dial-a-Ride (in-town rides)

The East Hartford Senior Center has a partnership with Hockanum Valley Community Council to provide FREE transportation to our East Hartford Seniors. This service is open to East Hartford residents who are at least 60 years of age and accommodates those 60+ with disabilities. Residents can ride free Monday through Friday 8:30am (first pickup) to 4:30pm (last return). D-A-R offers rides to and from the Senior Center, local grocery stores, and medical appointments in East Hartford, Manchester, Glastonbury and occasionally South Windsor.

The transportation program is curb-to-curb. This means that passengers must be able to enter and exit their homes on their own or with assistance of an escort provided by the passenger. Our drivers cannot assist individuals in or out of their homes. Drivers will assist passengers in wheelchairs onto the lift and into the bus. Drivers will secure wheelchairs. Vehicles are not available for emergency medical transportation. Riders are limited to 3 shopping bags each. Drivers assist riders in carrying their groceries to the exterior of their homes but cannot assist shoppers indoors or up the stairs.

To reserve your ride simply call East Hartford Dial-a-Ride at (860) 870-7940 to register over the phone and set up your transportation. It is advised to call to schedule your transportation as soon as you know you need it. One-hour notice is required for cancellations. Rides Cancelled in less than one hour will be considered a NO SHOW. Two no shows in a 30-day period may result in a suspension for 30 days.

ADA Paratransit Service (out-of-town rides)

Provided by the [Greater Hartford Transit District](#) this transportation is for individuals who have a disability or specific impairment-related condition that prevents them from traveling to or from a bus stop on the public bus system. This service is designed to meet the Americans with Disabilities Act criteria established by the Federal Government. ADA Paratransit operates (7 days) per week, Monday through Sunday from 7:00 a.m.. to 10:00 p.m.. The transportation covers trips to Avon, Berlin, Bloomfield, Bristol, Cromwell, East Hartford, Ellington, Farmington, Glastonbury, Hartford, Manchester, New Britain, Newington, Plainville, Rocky Hill, South Windsor, Vernon/Rockville, West Hartford, Wethersfield, Windsor, and Windsor Locks. To apply for this service please contact Greater Hartford Transit District. Application forms can be found [online here](#) or can be requested by calling (203) 365-8522 ext. 273. Once approved for ADA paratransit you may call (860) 724-5340 for a ride.

There is a \$3.50 charge per ride paid to the driver or you may purchase ticket books for \$24.00 for ten (10) rides from Social Services or Senior Services while supply lasts. Books of tickets may also be purchased from Stop & Shop for \$28.00 per book. This is the only transportation for out of town locations.

Town Senior Bus

The Senior Center bus will provide transportation to and from the Senior Center on Tuesday and Thursday evenings, as well as Saturday mornings during the Center's extended hours. Fridays are reserved local scheduled trips as announced. There may be program fees associated with Friday outings. Town Senior Bus service is dependent on Driver's availability.

TECHNOLOGY CENTER

The Technology Center has computers for your use. Use of this technology must abide by the following rules:

1. Computers are available for use in 30 minute increments. Availability may be limited based on demand, and will be honored in the order of "first come".
2. Violation of any Federal or State law, including copyright laws, is prohibited.
3. Vandalism or hacking of any hardware, software, computer or communications system is prohibited.
4. Private information should not be saved to the computer hard drives, including photos, written work and/or other communications. Flash drives or disks provided by the user are suggested for use in storing information.
5. No software shall be installed on the computer. Please see [Town of East Hartford's Information Systems Use Policy](#)
6. Viewing offensive or pornographic material, photos or websites is prohibited.
7. Food/beverages are not allowed at the Technology Center.
8. Violation of Technology Center Policies may result in loss of privileges. Illegal use of the Senior Center's computers will be reported to law enforcement.

Printing, Copying & Fax Services

Printing fees are \$.25 a page. Copies can be made by authorized front desk staff. There will be a \$.25 charge per page. Local fax services are available at no charge. Printed fax confirmation fee is \$.25 per page. Local calls are available to members free of charge – please inquire at the front desk.

Exercise Classes

Group Fitness Classes range
from \$2-\$5 per class

Classes Include but are not limited to:

Strength & Balance
Strength Training
Tai Chi (Chair, Beginner, Intermediate,
Advanced)
Yoga (Relaxing, Chair, Gentle, all levels,
mat, hot, Dance)
Dance Class (Rhythms, Moves)
Jazz (Jazzercise)
Chair exercise (Gentle, all levels)
Zumba
Zumba Gold
Exercise'n Energize (Energize &
Exercise)
Chair Volleyball
Ballet
Tap
Line Dancing
Country Line Dancing
Pilates
Flexibility
Strength Training
Resistive Band Workout
Dumbbell Strength Training
Kick boxing (Cardio)
Aerobics (low impact, all levels, High
Impact, Step)
Belly Dancing (Belly Aerobics)

Special Exercise Offerings

Personal Training \$10-\$15
Group Personal Training \$5-\$8
Group Exercise \$5-\$10

Special classes

**Some classes will be based upon cost
of supplies. Classes include but are
not limited to:**

Painting class \$3
Horticulture class \$5
Drumming classes \$5-\$8
Artistic Painting \$15-20
Jewelry Making - based on cost of
supplies
Craft Class – based on cost of supplies
Writing classes \$3-\$5
Music Lessons \$3-\$5
Bingo \$1. Per card – house does not
keep any of the money – paid out to
winners of the game

Special Events

Special Lunches \$3-\$5
Dinner/Dinner & Entertainment \$8-\$15
Afternoon entertainment \$3-\$5

Misc.

Printing & Coping .25cents per page
Myseniorcenter Member card
replacement \$3

**Contract services are based on the
Contractor's prices – current**

prices: Foot Care \$29
Hair Cuts \$16
(additional services wash, blow dry,
have an additional price)
Massage \$30

Appendix B



The Town of East Hartford Volunteer Registration Form

Applicant Information

Name: _____

Address: _____

Telephone #: _____ Email: _____

Emergency Contact Information

Name: _____

Telephone: _____

Have you ever been convicted of any crime (felony or misdemeanor), accused of sexual abuse or similar miss-conduct? YES_____ NO_____

By Signing waiver below, the Volunteer Applicant also acknowledges the following:

- The Volunteer has received a copy of the Town of East Hartford Volunteer Policy.
- The Volunteer agrees to adhere to the standards contained therein while serving in the capacity of volunteer.
- The Volunteer must conduct themselves to protect the interests and safety of all other volunteers, staff, and the Town.
- The Town does not provide compensation or financial assistance for volunteer services.
- The Volunteer acknowledges that a background check may be done and agrees to provide additional information as requested by the Town of East Hartford to complete the background check.
- Volunteer's assignment or activities for the Town of East Hartford may be terminated by the Town at any time for any reason.

WAIVER OF LIABILITY RELEASE

I understand that volunteering to The Town of East Hartford involves a variety of physical activities and there is an element of risk involved, which each participant must assume (including injury, disability or death). I affirm that my health is adequate and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate as an unpaid volunteer in this capacity. The undersigned hereby agrees: 1. I fully assume all risks associated with utilization and participation as an unpaid volunteer for The Town of East Hartford and agree not to sue and hereby release the Town of East Hartford, its agents, servants, employees, volunteers, elected officials, boards, and commissions (collectively "The Town"), from all liability should an injury to me or listed participant occur during participation as an unpaid volunteer for The Town of East Hartford. 2. I, for myself and my heirs, executors, administrators, and legal representatives, agree to defend, indemnify, and hold harmless the Town, from any and all claims, suits or demands by anyone arising from my use OR participation as an unpaid volunteer for The Town of East Hartford. 3. I give permission to the Town of East Hartford to use any photo or video taken during my participation as an unpaid volunteer for The Town of East Hartford for promotional materials.

Signature: _____

Print Name: _____ Date: _____

- If the Volunteer is a minor under 18 years of age, a parent/legal guardian must sign this waiver

I, _____ as parent/legal guardian for

(Parent/legal guardian signature)

_____ sign this on his/her behalf.

(Minor volunteer's printed name)

TO BE COMPLETED BY DEPARTMENT

Department: _____

Volunteer will report to: _____

Anticipated Start Date: _____ Anticipated End Date: _____

TO BE COMPLETED BY DEPARTMENT HEAD

Volunteer Approved? YES _____ NO _____

Department head Signature: _____ Date: _____

Appendix C

Town of East Hartford

Non-Employee, Visitor, Volunteer Injury Report

Instructions:

Please fill out this form completely. Provide the completed form to your supervisor, or the supervisor of the physical area in which the injury occurred. Supervisors should be sure to obtain ***Witness Statements*** and complete the ***Supervisor's Report of Investigation***.

To be completed by injured individual:

Name: _____ Date of Birth: _____ Phone #: _____

Address: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Nature of Injury/injuries: _____

Describe the events leading up to and the incident: _____

Signature: _____ Date: _____

If this form was completed by someone other than the injured individual, please complete the following

Name: _____ Phone: _____

Relationship to injured _____

Signature: _____ Date: _____

Appendix D

Form 5 - Consumer Registration Form

Information provided on this form is important for the State of Connecticut to receive federal funds and to continue to provide services to older adults. Please take the time to answer all the questions on this form.

Your personal privacy is very important to us. The law prohibits sharing any information you give without a court order or without permission from you or your personal representative EXCEPT for the following: state, federal and local monitoring relative to program reporting requirements; program management, public safety and research. Be assured that your information will only be used as necessary under those provisions.

Consumer Signature: _____

Registration: ☐ New ☐ Update ☐ NFCSP/Statewide Respite ☐ Caregiver ☐ Includes Service Data
(Caregivers complete sections I, III, IVc,d, IVf [grandparents]) (Complete section VIII)

I. Add Consumer

a.) Consumer Name:

First:

MI:

Last:

b.) Today's Date:

/ /

c.) Gender:

☐ Female

☐ Male

☐ Non-Binary

☐ Other

d.) Birth Date:

/ /

e.) SSN (Social Security):

000 - 00 - ____ - ____ - ____ - ____

f.) Home Telephone: ()

g.) Cell Telephone: ()

h.) Email Address:

i.) Provider Name:

j.) Home Street Address 1:

k.) Home Street Address 2:

l.) County:

m.) Town:

n.) State (if not CT)

o.) Zip Code:

p.) Care Enrollment:

(office use only)

Level of Care:

Service/Care Program:

II. Details - Basic Information

a.) Marital Status:

☐ Currently Married

☐ Divorced

☐ Separated

☐ Single (Never Married)

☐ Widowed

II. Details - NAPIS

a.) NSIP Eligible:

☐ Yes

☐ No

b.) NSIP Eligibility Type:

☐ Age 60 and Older

☐ Disabled in Elderly Housing

☐ Disabled Living with an Elderly Person

☐ Spouse of Person Age 60+

☐ Volunteer

II. Details - Other Characteristics

a.) Cognitive Impairment:

Has Alzheimer's disease or a related dementia:

☐ No - None

☐ Yes - Early Onset Dementia

☐ Yes - Mild

☐ Yes - Moderate

☐ Yes - Severe

b.) Disabled:

ONLY FOR NFCSP CARE RECIPIENTS

Care recipient is between the ages of 18 and 59 and has a disability.

☐ Yes

☐ No

III. Caregiver Programs ONLY (NFCSP and CSRCP)

Details - Care Recipient/Caregiver - Add New (only for NFCSP and CT Statewide Respite Care)

a.) Care Status:	<input type="checkbox"/> Is Caregiver	Name of Care Recipient:																				
	<input type="checkbox"/> Is Care Recipient	Name of Caregiver:																				
b.) Relationship:	<p>Relationship ALWAYS Means Caregiver's Relationship to the Care Recipient</p> <table border="0"> <tr> <td><input type="checkbox"/> Brother</td> <td><input type="checkbox"/> Daughter</td> <td><input type="checkbox"/> Daughter-in-Law</td> <td><input type="checkbox"/> Domestic Partner</td> </tr> <tr> <td><input type="checkbox"/> Father*</td> <td><input type="checkbox"/> Granddaughter</td> <td><input type="checkbox"/> Grandfather*</td> <td><input type="checkbox"/> Grandmother*</td> </tr> <tr> <td><input type="checkbox"/> Grandson</td> <td><input type="checkbox"/> Husband</td> <td><input type="checkbox"/> Mother*</td> <td><input type="checkbox"/> Non-Relative</td> </tr> <tr> <td><input type="checkbox"/> Other Relative</td> <td><input type="checkbox"/> Sister</td> <td><input type="checkbox"/> Son</td> <td><input type="checkbox"/> Son-in-Law</td> </tr> <tr> <td><input type="checkbox"/> Wife</td> <td colspan="3"></td> </tr> </table> <p><small>* Must only be checked if the caregiver is age 55 or older and is the primary caregiver for a child under age 18 or an adult child between age 18 - 59 with a disability. Non-relative and Other relative may be checked for these caregivers as well as caregivers of older adults.</small></p>		<input type="checkbox"/> Brother	<input type="checkbox"/> Daughter	<input type="checkbox"/> Daughter-in-Law	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Father*	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather*	<input type="checkbox"/> Grandmother*	<input type="checkbox"/> Grandson	<input type="checkbox"/> Husband	<input type="checkbox"/> Mother*	<input type="checkbox"/> Non-Relative	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Son-in-Law	<input type="checkbox"/> Wife			
<input type="checkbox"/> Brother	<input type="checkbox"/> Daughter	<input type="checkbox"/> Daughter-in-Law	<input type="checkbox"/> Domestic Partner																			
<input type="checkbox"/> Father*	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather*	<input type="checkbox"/> Grandmother*																			
<input type="checkbox"/> Grandson	<input type="checkbox"/> Husband	<input type="checkbox"/> Mother*	<input type="checkbox"/> Non-Relative																			
<input type="checkbox"/> Other Relative	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Son-in-Law																			
<input type="checkbox"/> Wife																						

IV. Assessment Form - Demographics

a.) Primary Language:	<p>Primary language spoken at home:</p> <table border="0"> <tr> <td><input type="radio"/> American Sign Language</td> <td><input type="radio"/> Arabic</td> <td><input type="radio"/> Cambodian (Khmer)</td> <td><input type="radio"/> Chinese</td> </tr> <tr> <td><input type="radio"/> English</td> <td><input type="radio"/> French</td> <td><input type="radio"/> German</td> <td><input type="radio"/> Greek</td> </tr> <tr> <td><input type="radio"/> Gujarati</td> <td><input type="radio"/> Haitian Creole</td> <td><input type="radio"/> Italian</td> <td><input type="radio"/> Korean</td> </tr> <tr> <td><input type="radio"/> Polish</td> <td><input type="radio"/> Portuguese</td> <td><input type="radio"/> Russian</td> <td><input type="radio"/> Spanish</td> </tr> <tr> <td><input type="radio"/> Tactical Sign Language</td> <td><input type="radio"/> Turkish</td> <td><input type="radio"/> Urdu</td> <td><input type="radio"/> Vietnamese</td> </tr> <tr> <td colspan="4"><input type="radio"/> Other _____ Please Specify</td> </tr> </table>	<input type="radio"/> American Sign Language	<input type="radio"/> Arabic	<input type="radio"/> Cambodian (Khmer)	<input type="radio"/> Chinese	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> German	<input type="radio"/> Greek	<input type="radio"/> Gujarati	<input type="radio"/> Haitian Creole	<input type="radio"/> Italian	<input type="radio"/> Korean	<input type="radio"/> Polish	<input type="radio"/> Portuguese	<input type="radio"/> Russian	<input type="radio"/> Spanish	<input type="radio"/> Tactical Sign Language	<input type="radio"/> Turkish	<input type="radio"/> Urdu	<input type="radio"/> Vietnamese	<input type="radio"/> Other _____ Please Specify			
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b.) Speaks English:	<input type="radio"/> Very Well <input type="radio"/> Well <input type="radio"/> Not Well <input type="radio"/> Not At All																								
c.) Ethnicity:	<input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino																								
d.) Race: (check all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White																								
e.) Housing:	<table border="0"> <tr> <td><input type="radio"/> Private Home</td> <td><input type="radio"/> Private Apartment</td> <td><input type="radio"/> Senior Housing</td> <td><input type="radio"/> Congregate Housing</td> </tr> <tr> <td><input type="radio"/> Public Housing</td> <td><input type="radio"/> Residential Care Home</td> <td><input type="radio"/> Nursing Home</td> <td><input type="radio"/> Assisted Living</td> </tr> <tr> <td colspan="4"><input type="radio"/> Other _____ Please Specify</td> </tr> </table>	<input type="radio"/> Private Home	<input type="radio"/> Private Apartment	<input type="radio"/> Senior Housing	<input type="radio"/> Congregate Housing	<input type="radio"/> Public Housing	<input type="radio"/> Residential Care Home	<input type="radio"/> Nursing Home	<input type="radio"/> Assisted Living	<input type="radio"/> Other _____ Please Specify															
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f.) Income: (2/2021)	<p>I live alone or with someone other than a spouse and <u>MY</u> monthly income is about:</p> <table border="0"> <tr> <td><input type="radio"/> At or Below \$1,073 (100%)</td> <td><input type="radio"/> \$1,074 - \$1,342 (125%)</td> <td><input type="radio"/> \$1,343 - \$1,610 (150%)</td> </tr> <tr> <td><input type="radio"/> \$1,611 - \$1,878 (175%)</td> <td><input type="radio"/> \$1,879 - \$2,147 (200%)</td> <td><input type="radio"/> \$2,148 or over (over 200%)</td> </tr> </table> <p>I live with my spouse and <u>OUR</u> monthly income is about:</p> <table border="0"> <tr> <td><input type="radio"/> At or Below \$1,452 (100%)</td> <td><input type="radio"/> \$1,453 - \$1,815 (125%)</td> <td><input type="radio"/> \$1,816 - \$2,178 (150%)</td> </tr> <tr> <td><input type="radio"/> \$2,179 - \$2,540 (175%)</td> <td><input type="radio"/> \$2,541 - \$2,903 (200%)</td> <td><input type="radio"/> \$2,904 or over (over 200%)</td> </tr> </table>	<input type="radio"/> At or Below \$1,073 (100%)	<input type="radio"/> \$1,074 - \$1,342 (125%)	<input type="radio"/> \$1,343 - \$1,610 (150%)	<input type="radio"/> \$1,611 - \$1,878 (175%)	<input type="radio"/> \$1,879 - \$2,147 (200%)	<input type="radio"/> \$2,148 or over (over 200%)	<input type="radio"/> At or Below \$1,452 (100%)	<input type="radio"/> \$1,453 - \$1,815 (125%)	<input type="radio"/> \$1,816 - \$2,178 (150%)	<input type="radio"/> \$2,179 - \$2,540 (175%)	<input type="radio"/> \$2,541 - \$2,903 (200%)	<input type="radio"/> \$2,904 or over (over 200%)												
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g.) In Poverty:	<input type="radio"/> Yes <input type="radio"/> No																								
h.) Living Arrangements:	<table border="0"> <tr> <td><input type="radio"/> Alone</td> <td><input type="radio"/> With Spouse</td> <td><input type="radio"/> With Unmarried Partner</td> <td><input type="radio"/> With Spouse/Partner and Child/ren</td> </tr> <tr> <td><input type="radio"/> With Child/ren Only, No Spouse/Partner</td> <td><input type="radio"/> With Grandchild/ren</td> <td><input type="radio"/> With Other Relatives</td> <td></td> </tr> <tr> <td><input type="radio"/> With Others</td> <td colspan="3"></td> </tr> </table>	<input type="radio"/> Alone	<input type="radio"/> With Spouse	<input type="radio"/> With Unmarried Partner	<input type="radio"/> With Spouse/Partner and Child/ren	<input type="radio"/> With Child/ren Only, No Spouse/Partner	<input type="radio"/> With Grandchild/ren	<input type="radio"/> With Other Relatives		<input type="radio"/> With Others															
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<input type="radio"/> With Others																									

V. Assessment Form - Functional Status

a.) ADL/IADL:

I need help with the following ADL activities:

Yes No

☐ ☐ Eating

☐ ☐ Using the Toilet

Yes No

☐ ☐ Dressing

☐ ☐ Getting Out of Bed/Chair

Yes No

☐ ☐ Bathing/Washing

☐ ☐ Continence

I need help with the following IADL activities:

Yes No

☐ ☐ Planning/Preparing Meals

☐ ☐ Using the Telephone

☐ ☐ Taking Medicine

Yes No

☐ ☐ Shopping

☐ ☐ Housekeeping

☐ ☐ Using Transportation

Yes No

☐ ☐ Managing Money

☐ ☐ Doing Laundry

VI. Assessment Form - Nutrition

a.) Nutritional Risk:

Yes No Unknown

☐ ☐ ☐ I have an illness or condition that made me change the kind or amount of food I eat. (2)

☐ ☐ ☐ I eat fewer than 2 meals per day. (3)

☐ ☐ ☐ I eat few fruits and vegetables or milk products. (2)

☐ ☐ ☐ I have problems chewing/swallowing that make it hard for me to eat. (2)

☐ ☐ ☐ I do not always have enough money or food stamps to buy the food I need. (4)

☐ ☐ ☐ I take 3 or more different prescription or over-the-counter drugs each day. (1)

☐ ☐ ☐ I eat alone most of the time. (1)

☐ ☐ ☐ I have 3 or more drinks of beer, liquor or wine almost every day. (2)

☐ ☐ ☐ Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2)

☐ ☐ ☐ I am not always physically able to shop, cook or feed myself. (2)

VII. Assessment Form - Service Indicators

In the last 12 months:

1.) If I had groceries available, I was able to use them to prepare a meal:

☐ Yes (skip to question 2) ☐ No (Please answer 1b below)

1b.) You had someone who could cook for you or helped you cook

☐ Yes ☐ No

If you answered NO, did you experience this in the last:

☐ 1-3 months

☐ 4-6 months

☐ 7 months or more

2.) In the last 12 months have you experienced the following situations because you did not have enough money

a.) Did you or other adults in your household ever skip meals?

☐ Yes ☐ No

b.) Did you eat less food than you felt you needed?

☐ Yes ☐ No

c.) Were you ever hungry?

☐ Yes ☐ No

If you answered YES to ANY of these questions, did you experience this in the last:

☐ 1-3 months

☐ 4-6 months

☐ 7 months or more

3.) Have you recently lost weight without trying?

☐ Yes ☐ No

If YES, how much weight have you lost?

☐ 1-13 lbs.

☐ 14-23 lbs.

☐ 24-33 lbs.

☐ 34 or more lbs.

☐ Unsure

4.) Have you been eating poorly because of a decreased appetite?

☐ Yes ☐ No

5.) Have you been hospitalized in the last 12 months?

☐ Yes ☐ No

If YES, when were you last in the hospital?

☐ In the last 3 months ☐ In the last 4-6 month ☐ In the last 7-12 months

VIII. Service Delivery

a.) Site Name (if applicable): _____

b.) Service Category (if applicable) c.) Service (sub-service) d.) Fund Identifier e.) Number of Units

_____ / _____ / _____ / _____

_____ / _____ / _____ / _____

_____ / _____ / _____ / _____

_____ / _____ / _____ / _____