

**NOTICE
INFORMED CONSENT**

The information collected on this form may be shared with the Maryland Department of Aging (MDoA). Upper Shore Aging, Inc. and MDoA will not share any personal information which identifies you (such as your name, social security number, address or telephone number) with any other person or agency. Upper Shore Aging, Inc. and MDoA will use the information collected to prepare local, state, and federal reports and to help improve programs and services for seniors in Maryland but will keep your identity confidential.

You may refuse to provide any or all the information requested on the attached form. If you refuse to provide the information requested, you will still be eligible to receive any service which does not require proof of limited income information and proof of identity to receive any service which requires proof of a limited income.

You may inspect your personal information at:

Upper Shore Aging, Inc.

100 Schaubert Rd.

Chestertown, MD 21620

You may also call us at (410) 778-6000 or 1-800-721-6651

You may provide a written request to Upper Shore Aging, Inc. will allow you to inspect your personal information as soon as reasonably possible, but no later than 30 days from the date of your request. You must provide proof of your identity at the time of your inspection.

.....
I have read and understand the above informed Consent Notice.

(Please check the one that applies)

I **consent** to share information with the MDoA

I **do not consent** to share information with the MDoA

CLIENT SIGNATURE

DATE



Upper Shore Aging

Respect | Independence | Purpose

Determine Your Nutritional Health Screening Initiative Form

Nutrition Question	Check if Yes Only	Score If Yes
I have an dietary illness or condition that made me change the kind and/or amount of food I eat.		2
I eat fewer than two meals per day.		3
I eat few fruits or vegetables, or milk products.		2
I have three 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 use 3 or more prescribed or over the counter drugs/medicine a day?		1
I have unintentional weight fluctuation.		2
I am unable to shop/cook/or feed myself on my own.		2
<u>Total the Nutrition Score</u> 0-2: Low nutritional risk 3-6: Moderate nutritional risk 6 or more: High nutritional risk.	TOTAL	



Photography Release Form

Participant's Name:

I hereby authorize Upper Shore Aging, Inc. to publish photographs taken of me, and my name, for use in USA's printed publications and website.

I acknowledge that since my participation in publications and websites produced by USA is voluntary, I will receive no financial compensation.

I release USA, its board members and its employees from liability for any claims by me or any third party in connection with my participation.

I understand that USA is a non-profit organization and that use of photographs will be limited to educational, non-commercial purposes.

I represent that I am over the age of eighteen and that I have read the foregoing and completely understand the contents thereof.

I have read and understand the above:

Signature

Printed Name

Date



Waiver of Liability Form

Always, Always, and Always for adults!

All activities involve some level of risk, and group exercise classes are no exception. Before beginning any exercise program, you should consult your physician. Always inform the Instructor prior to class if there is any change in your medical condition that would impair your ability to participate safely in class. Listen to your own body and go at your own pace. Anything worth doing is worth doing safely. Please read the waiver below carefully and sign it only if you understand and agree with it.

For participation in SAIL (Staying Active and Independent for Life) group exercise classes at the _____ (Name of Facility) the Participant, by signing below, hereby voluntarily indemnifies, releases from liability, and holds harmless the Instructor, _____ (Instructor Name) and/or _____ (Facility Name) for any accident, injury, illness, death, loss, damage to person or property, or other consequences suffered by Participant or any other person arising or resulting directly or indirectly from Participant's participation in group fitness classes.

In the event that Participant is injured, Participant agrees to assume any financial obligation, either through Participant's personal health insurance, or through some other means, for any medical costs which Participant incurs. The Instructor and/or Facility assumes no responsibility for any medical expenses, injury, or damage suffered by Participant in connection with the use of any facilities or services in connection with the Activity.

It is the intention of participant by signing below to expressly assume all risk of personal injury, death, or property damage upon him/herself, to the exclusion of the Instructor and/or Facility and to exempt and relieve the Instructor and/or Facility from liability for personal injury, property damage or wrongful death.

Participant further agrees that Participant, his/her spouse, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the Instructor and/or Facility for any loss or damage resulting from Participant's participation in the Activity.

Participant is aware of the potential dangers incidental to engaging in the fitness activities. Participant agrees that this is a release of liability, a waiver of the participant's legal right to collect damages in the event of injury, death or property damage and a contract between participant and the Instructor and/or Facility and participant signs it of his/her own free will.

Print Participant Name: _____

Signature of Participant: _____

Date: _____

AD8 Dementia Screening Interview

Patient ID#: _____

CS ID#: _____

Date: _____

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	N/A, Don't know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
TOTAL AD8 SCORE			

Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, Neurology 2005;65:559-564. Copyright 2005. The AD8 is a copyrighted instrument of the Alzheimer's Disease Research Center, Washington University, St. Louis, Missouri. All Rights Reserved.

Senior Center Handbook Acknowledgement

*I acknowledge that I, _____,
have received the senior center handbook and
have read its contents thoroughly. I understand
that if I ever have any questions or concerns, I
can report them to the Senior Center Manager
and/or the Director of Senior Centers &
Nutrition.*

Participant Signature:

County:

Senior Center Manager Signature:

Date:
