



## Participant Application Guidelines

Oglethorpe County Senior Citizen Center  
oglethorpecountyga.gov  
706-743-8848

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1. You must be sixty (60) years of age or older, or the spouse of a participant sixty (60) years of age or older, or a disabled relative living in the home of a participant sixty (60) years of age or older. In the case of senior centers located within senior housing, disabled adult residents may attend the center.
2. You must be willing to attend a senior center and participate.
3. You must be able to communicate your needs and to perform routine activities of daily living independently. This includes eating, toileting and getting to the van. The first orientation to the facility and meal service will be provided, after the orientation the participant must be able to navigate the center independently.
4. You must be independent in ambulation, with or without assistive devices, and be able to transfer without assistance.
5. You must be continent or able to manage incontinence successfully and independently (i.e., able to manage your own Depends or incontinency pads).
6. For your own safety and the safety to your fellow participants, no one exhibiting confusion or a tendency to wander may attend a senior center. If such a condition proves treatable or otherwise reversible, participation may be reassessed for appropriateness for senior center attendance by the senior center Director.

7. You must comply with established, written center and agency policies to include smoking, meal and transportation reservation, and contributions. Contributions are strongly encouraged to help support senior center programs.
8. Any behavior which interferes with the ability of other eligible participants to take full advantage of senior center or home delivered meals programming may result in suspension and/or termination of services. No substance abuse, violence, or threat of violence, physical or verbal, or any disruptive behavior will be tolerated under any circumstances. You may not come to the senior center under the influence of alcohol or consume alcohol while on the premises.

Please feel free to contact us with any questions you may have.

Thank you.

Oglethorpe County Senior Center  
19 Oglethorpe Drive  
Crawford, GA 30630  
706-743-8848

[www.oglethorpecounty.com](http://www.oglethorpecounty.com)

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## Participant Application Contact Information

Oglethorpe County Senior Citizen Center  
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Participant Name: \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Emergency Contact Information:

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

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Relationship(s): \_\_\_\_\_

### **NOTICE:**

I, \_\_\_\_\_, applicant, do solemnly swear, that there are no willful misrepresentations (?) in any of the information on this application. I understand that should it be determined that this application contains any false information or any type of misrepresentation or falsification, my application will be (?).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## Participant Application Photo/Video Release Form

Oglethorpe County Senior Citizen Center  
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The Oglethorpe County Government has an ongoing effort to make our website and social media platforms a primary source of information pertaining to our community. Through these sources visitors, including but not limited to potential sponsors, partners, media, residents and constituents, will be able to access and view photos and videos in order to help locate and learn more about the community.

This form is a photo/video release waiver authorizing the Oglethorpe County Government to post photos/videos of you on the County Government website and any social media platform in use.

I hereby grant permission for any photo and/or video taken of me to be posted on the website or any social media platforms of the Oglethorpe County Government.

Furthermore, the Oglethorpe County Government shall be allowed at any time to terminate, delete or remove the posting or listing of any contact information and photos on the county website and social media platforms without notice to you or your business.

Fill out only the information you wish to be published on the county's website or social media platforms.

Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.



## Participant Waiver & Release of Liability

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I hereby voluntarily consent to participate in activities coordinated by Oglethorpe County Senior Center. I understand that I am entering into these activities of my own free will. I will not hold the employees responsible for any injuries or harm that I may encounter while participating in the Oglethorpe County Senior Center Services Program.

I will exercise all necessary safety precautions and follow all guidelines as put before me by assisting staff members. I understand that the information I provided as part of my registration will need to be updated if there are any changes in my contact information, health, family status and living arrangements. I also understand that it is my responsibility to provide this information to the Oglethorpe County Senior Center Service Staff immediately upon change.

I also acknowledge that care and medications prescribed by my personal physician are my responsibility. I will not hold the Oglethorpe County Board of Commissioners, any of its agencies, or employees responsible for my failure to follow my physician's directions. I further understand that the medical information that I provide will be treated as privileged and confidential and will not be released to any third party without expressed oral or written consent.

I have read, or have had read to me, and understand the statements above and all of my questions have been answered to my satisfaction,

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form I am giving up legal rights & remedies.

# Oglethorpe County Senior Center

## Income Range Survey

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

***\*The information in this survey will be kept confidential\****

Please check your nearest income range. Providing the Senior Center with this information will **not** affect your services.

- ☐ \$0
- ☐ \$6,600
- ☐ \$7,200
- ☐ \$8,668
- ☐ \$9,600
- ☐ \$11,500
- ☐ \$12,060
- ☐ \$18,000
- ☐ \$22,800
- ☐ \$25,500
- ☐ \$30,000
- ☐ \$40,000
- ☐ \$50,000
- ☐ Or above



Oglethorpe County Senior Center  
READY-2-GO Program

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a valid DNR?      Yes      No      *[If yes, please provide a current copy in your envelope.]*

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Cardiologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Preferred Hospital: (check one)**

\_\_\_\_ Piedmont Athens      \_\_\_\_ St. Mary's      \_\_\_\_ Elbert Memorial      \_\_\_\_ Wills Memorial

**Insurance Information**

Insured's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

**Medical Diagnosis/Conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



## Oglethorpe County Senior Center READY-2-GO Program

### Prescription Medications:

Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____

### Over the Counter Medications:

Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____
Medication: _____	Dosage: _____	Directions: _____

### Allergies:

Allergy: _____	Type of Reaction: _____
Allergy: _____	Type of Reaction: _____
Allergy: _____	Type of Reaction: _____
Allergy: _____	Type of Reaction: _____

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_