



Member Intake Checklist

- ☐ **Copy of current ID** (can be state ID, driver's license, etc.)
- ☐ **Current proof of income** (can be SSI award letter, W2, pension, etc.)
- ☐ **List of current prescription medications** (can be printed or handwritten)

We collect this information to remain in good-standing with our governing bodies and maintain our funding in compliance with the New Orleans Council on Aging (NOCOA), the Governor's Office of Elderly Affairs (GOEA), and to follow city & state guidelines for non-profit organizations. In addition, we use the information you provide on the next page to complete documentation mandated by the organizations listed above, such as the Louisiana Independent Living Assessment (required by NOCOA), the Civic Affairs Senior Center questionnaire (required by GOEA) and the Senior Center Community Development block grant (required by the city).

Kinship does not share this information with anyone other than the entities listed above as mandated in order to maintain our funding. Member files are stored in a locked file cabinet inside of a locked room. Members are welcome to view their respective files at any time.

By signing below, I _____(your name), authorize Kinship Senior Center to use the information I provide to complete and sign the aforementioned documentation on my behalf.

Signature

KINSHIP SENIOR CENTER

Membership Application

Welcome to Kinship Senior Center, an activity center for people aged 60+ years of age! By filling out this form, you can participate in almost all of the classes or activities offered at the center.

Name: _____ Date: _____

Address: _____ Zip Code: _____

Home phone #: _____ Cell phone #: _____ Date of birth: _____

Email address: _____ Can we add you to our email list? ☐ Yes ☐ No

Last 4 digits of your Social Security #: ____ _

Emergency Contact Name: _____ Phone #: _____ Relation: _____

Primary Physician/Hospital: _____ Phone #: _____

Do you have any food/drug allergies? _____

Who can we contact outside of New Orleans if you evacuated in case of a hurricane?

Name: _____ Relation: _____ Phone #: _____

How did you hear about KINSHIP? _____

What activities are you interested in? Please check all that apply:

____ Exercise (Tai Chi, sitcercise, yoga, strength & balance)

____ Lunch program

____ Therapeutic arts (drama, visual art, poetry, writing)

____ Share & Support Circle

____ Choir club

____ Foreign languages (Spanish)

____ Music Appreciation (learning about music, sing-alongs)

____ Volunteer opportunities

____ Field trips

____ Transportation to grocery

____ Case management services

____ Education/health lectures

Other suggestions: _____

Liability release: I, _____, agree to participate in KINSHIP at my own risk. I will seek medical advice from my physician regarding my participation in programs at the center.

Media release: I, _____, agree to allow KINSHIP to use my name, image, and/or written quotes from surveys about my participation in online and print media, including on the website, on social media platforms, and in grant proposals without consideration of payment or editorial review.

* Please make an annual donation of significance for you *

Our programs are donation-based and instructors are volunteers. Funding goes to cover the rent, utilities, insurance, supplies, transportation and field trips. Suggested 2023 donation level is \$50 minimum for the year. Suggested donation for each day: \$2 to \$3/day.

Signature

GOVERNOR'S OFFICE OF ELDERLY AFFAIRS
Louisiana Independent Living Assessment (LILA)
Statewide Comprehensive Needs Short Assessment Form

Please circle the appropriate answer:

1. Are you a veteran? Yes No
2. Are you veteran dependent? Yes No
3. Do you wish to be evacuated in case of a disaster? Yes No
4. Marital status: Divorced Single Legally Separated Widowed Married
5. Maiden name (if applicable): _____
6. Do you have prescription drug insurance? Yes No
7. Do you have health insurance? Yes No
8. What type of health insurance do you have?
Medicaid Medigap Medicare A Medicare B Medicare D LTC Other
9. Do you have any food/medication allergies: Yes No

GOVERNOR'S OFFICE OF ELDERLY AFFAIRS
Louisiana Independent Living Assessment (LILA)
Statewide Comprehensive Needs Short Assessment Form

Nutritional Health Risk (Circle your answers and add up your score)

	YES	NO
Has the client made any changes in lifelong eating habits because of health problems?	2	0
Does the client eat fewer than two meals per day?	3	0
Does the client eat fewer than five servings (1/2 cup each) of fruits and vegetables?	1	0
Does the client eat fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?	1	0
Does the client sometimes not have enough money to buy food?	4	0
Does the client have biting, chewing, or swallowing problems that makes it difficult to eat?	2	0
Does the client eat alone most of the time?	1	0
Without wanting to, has the client lost or gained ten pounds in the past six months?	2	0
Is the client physically able to shop, cook, and/or feed themselves (or to get someone to do it for them)?	0	2
Does the client have three (3) or more drinks of beer, liquor, or wine almost every day?	2	0
Does the client take three (3) or more different prescriptions or over-the-counter drugs per day?	1	0
TOTALS		



Code of Conduct Agreement

I, _____, agree to the following expectations of all participants and will:

- 1. Treat all others with courtesy and respect;**
2. Not engage in verbal or physical harassment or hostile behavior, including but not limited to using offensive language or derogatory terminology, bringing any weapons, alcohol, or recreational drugs onto the premises;
3. Treat all participants and staff at Kinship with respect, including verbal and written communication;
4. Be an active participant in the activities and programs offered at Kinship;
5. Keep Kinship operating smoothly by helping maintain a clean, healthy and positive environment to the best of my abilities;
6. Share any new ideas and suggestions in a respectful manner;
7. Report any grievances promptly and properly to the Executive Director;
8. Adhere to the grievance procedures, including mediation or law enforcement as determined by the Executive Director;
9. Abide by the rules and regulations of Kinship.

To maintain the orderly operation of the Kinship Senior Center and to discourage inappropriate conduct or dangerous behaviors, the Kinship Senior Center staff reserves the right to refuse anyone participation benefits at any time and to revoke participation at the Executive Director's discretion.

By signing below I indicate that I understand, acknowledge and agree to the above policies.

Participant Signature and Date

Staff Signature and Date



Participant Expectations Agreement

Kinship Center serves socially or physically active adults over 60 seeking fellowship and resources. Participants who are able to care for themselves or who are caregiver-supported are welcome to participate in the program, but must attend with their caregiver.

✿ Important ✿

Please note that our services are for adults 60+ years of age who are physically independent. If a member is unable to participate independently and requires assistance, we do ask that the senior attend with their own designated caregiver for the entirety of their time spent at the Center. If there is a question about capability, it will be evaluated by the Executive Director as this pertains to our bylaws and concerns liability responsibilities.

We are designated and regulated as a center for seniors and are unable to accommodate children during our services.

By signing below, I indicate that I understand, acknowledge, and agree to the above policies.

Participant Signature & Date

Staff Signature & Date



Transportation Policy

Kinship provides complimentary transportation, via our 11-passenger van, to and from the center for members residing in the 70115, 70118 and 70125 zip codes. In order to be considered a member, you must complete and return Kinship's application packet and the accompanying supporting documents.

For members outside of the van service-area:

Field trips are outings to Walmart/Dollar Tree or special places like museums, movie theaters, tours, etc. Members outside our service area, those who drive themselves or those who use other forms of transportation (i.e., streetcar, bus, RTA Lift, etc.), must use their usual mode of transportation to get to and from the field trip site.

Our transportation service is a courtesy and members understand that the same risks associated with public transit are applicable.

By signing below, you indicate that you acknowledge, understand and agree to the policies listed above.

Signature



Kinship Senior Center COVID-19 Acknowledgement

The New Orleans Council on Aging Senior Centers recognizes that COVID-19 has put an enormous strain on our community, participants, and staff. We are committed to reopening the Kinship Senior Center on July 12, 2021 and look forward to seeing participants when we begin this phase. In order to accept participants back, we must ensure that our caregivers and/or participants recognize and appreciate that certain things must change in order to reopen safely.

With this in mind, please read this acknowledgement carefully. If you understand and agree with the requirements for participation, sign and return it to Kinship Senior Center.

I, _____ (Participant Name), desire to participant in the Kinship Senior Center programming and services.

Please read and initial each of the following:

- _____ Participant understands that the President of the United States, Governor of Louisiana and Mayor of New Orleans have declared COVID-19 a public health emergency and instituted strict guidelines to control the spread of COVID-19.
- _____ Participant understands that the Center for Disease Control (CDC) has released guidance for individuals to care for themselves and others during this emergency and that Kinship Senior Center has provided me with a copy of the CDC guidance.
- _____ Participant will undergo daily health screenings before and while at the senior center.
- _____ Participant will report all symptoms related to COVID-19 or physical illness.
- _____ Participant will advise if they receive a positive COVID-19 test and/or will report if he or she has been instructed to quarantine.
- _____ Participant will wash hands at the designated times, wear personal protection equipment at all times, and remain six feet from all participants and staff.

ACKNOWLEDGEMENTS: I have read and agree to the conditions and requirements in this document.

Participant: _____
(Print Name and Signature)

Date: _____

Caregiver: _____
(Print Name and Signature)

The health and safety of all of our residents and staff remains our top priority. Please contact Elaine Looney with any concerns (504-314-0400).



COVID-19 Senior Center Participant Health Screening Questionnaire (New Version)

Senior Center Name: Kinship Senior Center

Mode of contact:

- ☐ Participant
☐ Family/Caregiver
☐ Other: _____

1. Are you are living with, experiencing any of the following symptoms?
☐ Fever (100+), cough, shortness of breath or difficulty breathing, diarrhea, chills, muscle pain, headache, sore throat, loss of taste or smell.
☐ Yes, restrict from entering the senior center and doctor note is required.
☐ No
2. Have you, anyone in your household or anyone you have had contact with tested positive by a health care practitioner for COVID-19?
☐ Yes
☐ No
3. Have you, anyone in your household or anyone you have come in contact with been ill for reasons other than COVID-19?
☐ Yes
☐ No
4. Have you or anyone with whom you have had contact with been asked to self-quarantine?
☐ Yes
☐ No
5. Have you or anyone in your household or anyone you have made contact with traveled out of the state or country in the last 14 days?
☐ Yes
☐ No

Signature: _____

Staff Signature: _____ Date: _____



Know Before You Go to the Senior Center!

Help Us to Safely Return to Indoor Activities at the Senior Center

- In-person activities will follow the Centers for Disease Control and Prevention, Governor's Office of Elderly Affairs, City of New Orleans Mayor Cantrell, City of New Orleans Health Department and the New Council on Aging recommendations.
- Please only come to the center when healthy. Stay home if you have had any COVID symptoms or have been in contact with anyone testing positive for COVID.
- No gathering or congregating prior to or after activities in the center.
- Face masks must be worn appropriately at all times and temperatures will be checked.
- Plan to arrive and depart promptly for activities.
- We will be sanitizing your space prior to leaving and making it clean for the next person. Please be aware of Sanitation Stations throughout the center.
- Some seating areas and coffee/food service has temporarily been removed.
- Bring a bottle of water.
- Please continue to maintain social distance (3 feet or 6 feet) from others and respect our limited capacity.
- Daily temperature check upon entering the center.
- When you check in at the front desk, you will be asked to the COVID Acknowledgement below:

I acknowledge the contagious nature of the COVID-19 virus, and respect that the facility adheres to the CDC recommendations of practicing social distancing and wearing face coverings. Kinship Senior Center has put in place preventative measures to reduce the spread of the COVID-19 virus, to the best of their abilities, but Kinship Senior Center request members, guests, volunteers, and staff to be vaccinated of a COVID vaccine to participate in activities or enter the facility, because the risk of COVID spread still exists.

I further acknowledge that no guarantee exists regarding whether or not I may contract COVID-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 virus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other clients. I acknowledge that I increase my risk of exposure to COVID-19 by participating in services rendered. I acknowledge that I must comply with all set procedures to reduce the spread while in attendance, and that refusal to comply may result in removal from the facility or activity.

