



Emergency Contact Information

2025

(253) 756-0601

Pt. Defiance-Ruston

Operated by Franke Tobey Jones

Participant

Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Emergency Contact

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Email Address: _____

Medical Emergency Information

Disabilities

Mobility: Completely Mobile Need Assistive Device: ___ Cane ___ Walker ___ Wheelchair

Hearing: Hearing Impaired Deaf **Eyesight:** Visually Impaired Blind

Brain: Cognitive Impairment Dementia

Health

Allergies: _____

Demographics (For granting purposes.)

Gender: Male Female

Age: 55-59 60-69 70-79

80-89 90+

Household

Living Alone _____ # in Household

Ethnicity: White African American

Hispanic Asian Russian

Pacific Islander American Indian/
Alaskan Native Other

Annual Income:

Under \$16,566 \$16,566-\$18,825

\$18,826-\$22,590 \$22,591-\$26,355

\$26,356-\$27,861 \$27,862-30,120

Medical Condition(s)

Medication(s)

Primary Physician: _____ **Telephone:** _____

Pharmacy (where prescriptions are located): _____

Pharmacy address: _____ **Telephone:** _____

Treatment Exclusions

Is there a medical reason that would preclude you from receiving medical assistance? Yes No

If yes, please explain: _____

_____(Initial) **PLEASE NOTE:** *Should an incident occur and you need medical assistance, we are required to provide medical help to the extent of our training. If you do not want to be resuscitated, we must have a POLST or copy of a living will on file.*



Help the Senior Center Thrive!

St. Defiance~Ruston Senior Center

Date Completed _____

Date Entered _____

How did you hear about the Senior Center?

Senior Scene Other If other, where? _____

Friend

Newsletter

Website

Hobbies, Interests & Favorites

Please share what interests and/or hobbies you have as well as your favorite songs, movies and plays.

Volunteering

The Senior Center uses volunteers in many areas, such as at the front desk, teaching classes, decorating, and many more ways. Catholic Community Services also uses volunteers for serving lunch and helping in the kitchen.

Would you consider volunteering? Yes No If so, in what area would you like to volunteer? Teach class
 Provide Entertainment Front Desk Meal Taxes Teach Exercise Lead Game

Survey

If you have been here before, please complete the following survey. This information is vital to ascertaining grants.

Staff

Do you consider staff to be professional? Yes Sometimes No Unknown

Are staff available to you? Yes Sometimes No Unknown

Are staff friendly? Yes Sometimes No Unknown

How can they improve? _____

Center

Is the Center clean? Yes Sometimes No Unknown

What areas would you like improved? _____

Programming

Are you satisfied with the programs/classes Yes Sometimes No Unknown

Are the instructors knowledgeable? Yes Sometimes No Unknown

I attend these classes/programs. Exercise Educational Meals Tai Chi Trips

Health Screenings Games Entertainment

Are there classes you would like added? Yes Sometimes No If so, what? _____

Meals

Do you like the meals? Yes Sometimes No Unknown

Are the staff friendly? Yes Sometimes No Unknown

Is the quality of food good? Yes Sometimes No Unknown

What would you like changed? _____