



# 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 \$15,650 ☐ \$26,651-\$32,150

☐ \$15,651-\$21,150 ☐ \$32,151-\$37,650

☐ \$21,151-\$26,650 ☐ Over \$37,651

### 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?

☐ Friend

☐ Newsletter

☐ Website

☐ Senior Scene

☐ Other If other, where? \_\_\_\_\_

## 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? \_\_\_\_\_