MARCUS J. MOLINARO
COUNTY EXECUTIVE

TODD N TANCREDI
DIRECTOR

COUNTY OF DUTCHESS

OFFICE FOR THE AGING

Calendar year 2022

Dear Bingocize applicant:

The Dutchess County Office for the Aging is pleased to bring you the Bingocize Program. Please return to the Office for the Aging the completed application packet along with the Stay Independent (STEADI) form.

This program is partially funded by the New York State Office for the Aging and the U.S. Administration on Aging, which requires all participants to be given the opportunity to make a confidential, voluntary donation towards the cost of the service. There is a suggested contribution of **$15** for the Bingocize Program. The funds received from these donations will be used to offset the administration of this program such as program coordination, leader training, mailings, copies and educational material.

This is a suggested donation only, and a decision not to contribute, or the inability to contribute, will in no way impact the level of service you receive. The amount of your contribution will remain confidential.

Donations may be mailed to the Dutchess County Office for the Aging, 114 Delafield Street, Poughkeepsie, NY 12601 or given to the class leader. Checks should be made payable to **Dutchess County Office for the Aging**, with 'Bingocize' in the memo and on the envelope. A receipt of your contribution will be provided to you at your request.

If you have any questions about the program, please contact the Office for the Aging at 845-486-2555.

Sincerely,

Todd N. Tancredi

Todd N. Tancredi, Director

DUTCHESS COUNTY OFFICE FOR THE AGING

BINGOCIZE PROGRAM APPLICATION

NAME:		DATE:
ADDRESS:	CITY:	ZIP:
PHONE:		DATE OF BIRTH:
CELL:	EMAIL:	
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT PHONE:

PROGRAM DISCRIPTION:

Bingocize is an evidenced based program created by Western Kentucky University to provide a stimulating and fun way to improve your physical and mental health as well as learning helpful falls prevention tips. It is a strategic combination of exercise and bingo with some important health information presented during the game. You attend two sessions per week for 10 weeks. Each session is led by a trained facilitator and takes about 45 minutes to an hour to complete but it goes by fast because you are having so much fun playing Bingo and winning prizes. A doctor's note is required. This form can also be obtained from the leader when the class begins if you have not submitted one to the office with your completed application.

Legal Release: I will choose the level of activity which will not harm me. In consideration of my participation in this wellness/exercise program, I hereby release the Dutchess County Office for the Aging and the Landlord of this exercise facility from any liability or claims, for personal injury or otherwise, arising out of or in any way connected to my participation in this wellness/exercise program.

_____ _____

Participant's Signature *Date*

TURN OVER ➔

Dutchess County - Bingocize Program

Demographic statistics for required New York State reporting

NAME:	TODAY'S DATE:
DATE OF BIRTH:	GENDER: ☐ MALE ☐ FEMALE ☐ OTHER ☐ PREFERS NOT TO SAY

Demographic information (check all that apply):

- ☐ Frail / Disabled (see below)
- ☐ Lives Alone
- ☐ Low Income
- ☐ Low Income Minority
- ☐ No longer driving
- ☐ Rural (see below)
- ☐ Use cane / walker

Race / Ethnicity (check):

- ☐ American Indian / Alaskan Native
- ☐ Asian
- ☐ Black (Not Hispanic)
- ☐ Native Hawaiian / Pacific Islander
- ☐ Hispanic or Latino
- ☐ White

Age Range

☐ 60 – 64 years ☐ 65- 69 years ☐ 70 – 74 years ☐ 75 – 79 years

☐ 80 – 84 years ☐ 85- 89 years ☐ 90-94 years ☐ 95 years and older

Definitions

LOW INCOME:

Household Size	Annual Household Income at or below
1 Person	- $19,320 ($1610 /month)
2 Persons	- $26,130 ($2170 /month)
3 Persons	- $32,940 ($2,745 /month)

FRAIL / DISABLED: A person with one or more functional deficits in these areas:

1. Physical functions
2. Mental functions
3. Activities of Daily Living (ADL) (eating, bed/chair transfer, dressing, toileting, and continence)
4. Instrumental Activities of Daily Living (IADL) (meal preparation, housekeeping, shopping, medications, telephone, travel and money management.)

RURAL ZIP CODES: If you live in any of these rural zip codes, please check the appropriate box.

☐ 12501	☐ 12522	☐ 12564	☐ 12574	☐ 12585
☐ 12504	☐ 12531	☐ 12567	☐ 12578	☐ 12592
☐ 12506	☐ 12538	☐ 12569	☐ 12580	☐ 12594
☐ 12507	☐ 12540	☐ 12570	☐ 12581	
☐ 12510	☐ 12545	☐ 12571	☐ 12582	
☐ 12514	☐ 12546	☐ 12572	☐ 12583	

DUTCHESS COUNTY - SENIOR BINGOCIZE PROGRAM

Doctor Consent Form

Participant Name: _____ Phone: _____
Please print

Dear Dr. _____,
Print physician's name

Your patient, *(name)* _____ has requested enrollment in an exercise program designed to reduce injury, improve balance, mobility and muscle strength for older adults participating in this program.

The class meets up to twice a week for one hour and the exercises consist of:

- Balance exercises
- Strength exercises

Your approval is required before participation can begin. In the event of withdrawal from the program for medical reasons or any extended period of time, your consent, again, be required before resuming exercises.

Please return this form to the patient, or
Dutchess County Office for the Aging, 114 Delafield St Poughkeepsie NY 12601.

If you have any questions, please call the exercise coordinator, Judy Hearney at (845) 831-0512.

I give consent for *(patient name)*
_____
to participate in a supervised falls prevention/exercise program.

Comments/restrictions: _____

_____

_____ _____
Physicians' Name (please print) *Physician's Phone Number & Fax*

_____ _____
Physician's Signature *Date*