

WILLIAM F.X. O'NEIL
COUNTY EXECUTIVE



TODD N TANCREDI
DIRECTOR

COUNTY OF DUTCHESS

OFFICE FOR THE AGING

Calendar year 2023

Dear "A Matter of Balance" Participant:

Thank you for your interest in the Dutchess County Office for the Aging "**A Matter of Balance Program**".

A Matter of Balance is designed to reduce the fear of falling and increase activity levels among older adults. Participants agree to attend eight two-hour sessions designed to help them learn to view falls and fear of falling as controllable and set realistic goals for increasing activity and to promote exercise to increase strength and balance.

Please complete the attached Participant Application and the Par-Q Form, regarding your health, and **mail the completed forms to the Office for the Aging located at 114 Delafield Street, Poughkeepsie, NY 12601.**

There is a suggested contribution of **\$25** for the entire 8-week program. The *A Matter of Balance* Program is partially funded by the New York State Office for the Aging and the U.S. Administration on Aging, which require all participants to be given the opportunity to make a confidential, **VOLUNTARY DONATION** towards the cost of the service. **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. Conversely a donation does not guarantee your placement in a class.** This suggested donation can be mailed with your application or given to the Coach on the first day of class. Checks should be made out to the **Dutchess County Office for the Aging** with **A Matter of Balance** on the memo line.

There is no need for a doctor's note for placement into *A Matter of Balance class*; however, if you have any concerns about performing very low intensity exercise, we suggest you consult your health care provider. Our only requirement is that you must be at least 60 years of age, ambulatory and able to problem solve.

You will receive a call when openings are available in the next class.

Yours truly,

Todd N. Tancredi, Director

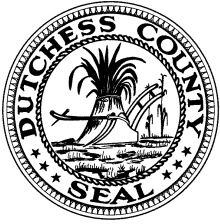
Dutchess County Office for the Aging

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114 Delafield St, Poughkeepsie, New York 12601 • (845) 486-2555

Aging Fax (845) 486-2571 • NY Connects Fax (845) 486-2599

www.dutchessny.gov



The Dutchess County Office for the Aging

A Matter of Balance: Managing Concerns About Falls

Participant Application

Date: _____ Date of Birth: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

Best way to contact me: _____

Gender: Male Female Other Prefers not to say

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Address: _____

I acknowledge that I have read and understand the information sheet pertaining to the A Matter of Balance Program and that I'm agreeing to attend this class once a week for eight weeks.

Signature _____ Date _____

The Dutchess County Office for the Aging located at 114 Delafield Street, Poughkeepsie NY is a County Agency funded under Title III of the U.S. Older Americans Act, the New York State Office for the Aging, and the County of Dutchess. If you wish to contact Office for the Aging, please send your request to the address above or call 845-486-2555 or toll free 1-866-486-2555.

TURN OVER →

Dutchess County Office for the Aging
A Matter of Balance Program
 Demographic statistics for required New York State reporting

NAME:	TODAY'S DATE:
DATE OF BIRTH:	CLASS LOCATION:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> PREFERS NOT TO SAY	

Demographic information (check all that apply):

- Low Income
- Low Income Minority
- Frail / Disabled (Defined Below)
- Live Alone
- Use cane / walker
- No longer driving
- Rural (Defined Below)

Race / Ethnicity (check one):

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

Age Range

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> 60 – 64 years | <input type="checkbox"/> 65- 69 years | <input type="checkbox"/> 70 – 74 years | <input type="checkbox"/> 75 – 79 years |
| <input type="checkbox"/> 80 – 84 years | <input type="checkbox"/> 85- 89 years | <input type="checkbox"/> 90-94 years | <input type="checkbox"/> 95 years and older |

RURAL ZIP CODES:

If you live in any of these rural zip codes, please mark the appropriate box.

- | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 12501 | <input type="checkbox"/> 12522 | <input type="checkbox"/> 12564 | <input type="checkbox"/> 12574 | <input type="checkbox"/> 12585 |
| <input type="checkbox"/> 12504 | <input type="checkbox"/> 12531 | <input type="checkbox"/> 12567 | <input type="checkbox"/> 12578 | <input type="checkbox"/> 12592 |
| <input type="checkbox"/> 12506 | <input type="checkbox"/> 12538 | <input type="checkbox"/> 12569 | <input type="checkbox"/> 12580 | <input type="checkbox"/> 12594 |
| <input type="checkbox"/> 12507 | <input type="checkbox"/> 12540 | <input type="checkbox"/> 12570 | <input type="checkbox"/> 12581 | |
| <input type="checkbox"/> 12510 | <input type="checkbox"/> 12545 | <input type="checkbox"/> 12571 | <input type="checkbox"/> 12582 | |
| <input type="checkbox"/> 12514 | <input type="checkbox"/> 12546 | <input type="checkbox"/> 12572 | <input type="checkbox"/> 12583 | |

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q AND YOU)

(This is a self-evaluation. Please complete and return to the class leader)

Introduction: Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

Directions: Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check **YES** or **NO**

YES	NO	
___	___	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
___	___	2. Do you feel pain in your chest when you do physical activity?
___	___	3. In the past month, have you had chest pain when you were not doing physical activity?
___	___	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
___	___	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
___	___	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
___	___	7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions—Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

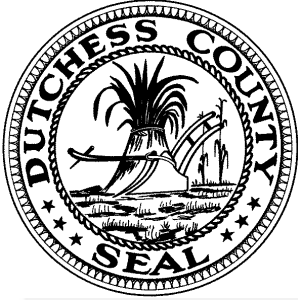
If you answered NO to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such a cold or a fever - wait until you feel better.

Please note: If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professionals. Ask whether you should change your physical activity plan.



The Dutchess County Office for the Aging

"HEALTH PROMOTION PROGRAM"

Participant Agreement

I, _____ agree to participate in *OFA Health Promotion Program*.

I have been informed that the sessions will be a gentle form of exercise including stretching, balance and range of motion. I take full responsibility for my participation in these exercises. I agree to work within my own comfort zone and agree to stop exercising if I feel any pain or discomfort and will let one of the facilitators know.

I have reviewed the PAR-Q. If indicated, I agree to contact my physician regarding the exercises I will be doing as part of the *OFA Health Promotion Program*.

Because I have answered "yes" on the PAR-Q, I sought the advice of my physician, _____, regarding the *OFA Health Promotion Program* exercises.

_____ I received permission to engage in the exercises.

_____ I was advised to take the following precautions:

Signature of Participant

Date