

WILLIAM F.X. O'NEIL  
COUNTY EXECUTIVE



TODD N. TANCREDI  
DIRECTOR

**COUNTY OF DUTCHESS**  
OFFICE FOR THE AGING

Calendar year 2023

Dear Tai Chi applicant:

The Dutchess County Office for the Aging is pleased to bring you the Tai Chi 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 **\$25** for the Tai Chi Program. This works out to be approximately \$0.24 per class if you participate twice per week. 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 'Tai Chi' 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, Director

114 Delafield Street, Poughkeepsie, New York 12601 • 845-486-2555  
Aging Fax 845-486-2571 • NY Connects Fax 845-486-2599  
[dutchessny.gov/aging](http://dutchessny.gov/aging)



# DUTCHESS COUNTY OFFICE FOR THE AGING

## TAI CHI FOR ARTHRITIS AND FALL PREVENTION

### PARTICIPANT INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME # \_\_\_\_\_

\_\_\_\_\_ CELL # \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_

HOME # \_\_\_\_\_ CELL #: \_\_\_\_\_

WORK # \_\_\_\_\_

**PROGRAM GUIDELINES:** Classes are conducted by certified instructors and are open to any suitable person as specified below, provided they are medically fit to attend the class. Prior to beginning the class, the participant is required to fill out a **PAR-Q Form** and as indicated on that form if you answer **YES** you agree to contact your physician regarding the exercises that you will be doing as part of the Tai Chi class.

Participants should be (1) 60 years or older. (2) Interested in improving balance, strength, and endurance. (3) Able to exercise in a standing position.

In terms of physical exertion, the Tai Chi exercises in this class would be similar to walking. Classes are one hour in length, with periods of rest as needed.

Participants will be encouraged to always work within their own comfort zones. They will perform gentle warm up exercises at the beginning of the class and cool-down exercises at the end.

### ACKNOWLEDGEMENT OF PERSONAL RESPONSIBILITY/WAIVER

I have read the program guidelines and understand that there is an inherent risk in any exercise activities. I agree to abide by the rules set out.

In consideration for admission to this class I hereby (a) accept full responsibility for, and assume the risk of any injuries sustained because of my participation in this class or practice of Tai Chi; (b) release and hold harmless the Dutchess County Office for the Aging, County of Dutchess, its respective officers, directors, the instructors, Program Coordinators, facility landlord, and all personnel in association with this class from any liabilities, injuries and expenses which may arise as a result of participation in this class or practice or lessons involving Tai Chi.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

**TURN OVER →**

**Dutchess County – Tai Chi for Arthritis and Fall Prevention**  
Demographic statistics for required New York State reporting

NAME:	TODAY'S DATE:
DATE OF BIRTH:	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 (see below)
- Live Alone
- Use cane / walker
- No longer driving
- Rural (see below)

**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 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 checked="" 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**

- | <b>YES</b> | <b>NO</b> |   |
|------------|-----------|---|
| ___        | ___       | 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:

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**Signature of Participant**

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**Date**