

MARCUS J. MOLINARO
COUNTY EXECUTIVE



TODD N TANCREDI
DIRECTOR

COUNTY OF DUTCHESS
OFFICE FOR THE AGING

Calendar year 2022

Dear Exercise Participant:

The Dutchess County Office for the Aging is pleased to bring you the Senior Exercise Program.

The Senior Exercise Program is partially funded by the New York State Office for the Aging, which requires that all participants be given the opportunity to make a confidential, voluntary donation toward the cost of the service. The contribution level that we would like to **suggest is \$25 per year**. This is approximately **24 cents 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. Checks should be made payable to **Dutchess County Office for the Aging**, with **'exercise'** in the memo and on the envelope. A receipt of your contribution will be provided to you at your request.

If you have already made a contribution for this year, thank you, your continued support is appreciated. If you have any questions, please contact the Office for the Aging at 845-486-2555.

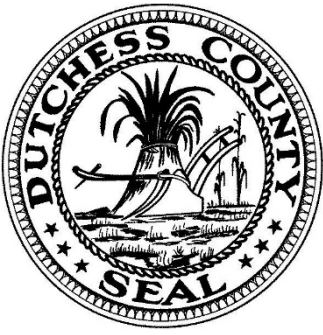
Sincerely,

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

www.dutchessny.gov



DUTCHESS COUNTY OFFICE FOR THE AGING

SENIOR EXERCISE PROGRAM APPLICATION

NAME:		CLASS LOCATION PREFERENCE:	
ADDRESS:	CITY:	ZIP:	
PHONE:		DATE OF BIRTH:	
EMAIL:			
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT PHONE:	
PRIMARY PHYSICIAN:		PRIMARY PHYSICIAN PHONE:	

Were you previously enrolled in any of the Dutchess County Office for the Aging Senior Exercise classes?

Yes No If yes, when and where: _____

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 - Senior Exercise 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 ANSWER	

How long have you been in the senior exercise program?

New / Less than 1 year Between 2 & 4 years More than 5 years Returning to Program

Demographic information (check all that apply):

Race / Ethnicity (check one):

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

- 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 or older

Definitions

LOW INCOME:	<u>Household Size</u>	<u>Annual Household Income at or below</u>
	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 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 | |

DUTCHESS COUNTY - SENIOR EXERCISE 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. It is based on an Osteoporosis Prevention Program developed at Tufts University by Miriam Nelson, Ph.D.

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

- Balance exercises
- Weight exercises with leg cuffs and hand weights, starting with 1-LB. pellets and increasing as participant feels able
- Strength exercises using body weight for resistance.

Ankle cuffs with removable pellets and one-pound hand weights allow for individualizing the exercises for each participant and tailoring their progression with their comfort level. 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 progressive weight training program.

Comments/restrictions: _____

Physicians' Name (please print)

Physician's Phone Number & Fax

Physician's Signature

Date