

SUE SERINO
COUNTY EXECUTIVE



TODD N. TANCREDI
DIRECTOR

COUNTY OF DUTCHESS
OFFICE FOR THE AGING

Calendar year 2024

Dear Senior Exercise applicant:

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 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 Senior Exercise Program, which 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 or given to the class leader. Checks should be made payable to **Dutchess County Office for the Aging**, with 'Senior Exercise' 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



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	

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.

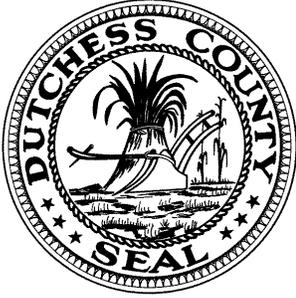
If you answered NO to all PAR-Q questions, you can be reasonably sure that you can:

- 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