MARCUS J. MOLINARO
COUNTY EXECUTIVE

TODD N TANCREDI
DIRECTOR

COUNTY OF DUTCHESS
OFFICE FOR THE AGING

Calendar year 2022

Dear Tai Chi applicant:

The Dutchess County Office for the Aging is pleased to bring you the Tai Chi Program.

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 Tai Chi 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 '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 concerning this program, please contact the Office for the Aging at 486-2555.

Sincerely,

Todd N. Tancredi

Todd N. Tancredi, Director

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. The participant is required to have a medical clearance from their doctor prior to beginning the class. This can be in the form of a prescription or doctor's/healthcare provider's note. Participants must present this at the first class. In terms of physical exertion, the Tai Chi exercises in this class would be similar to walking. Tai Chi classes usually last for one hour.

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

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

   Participants will be encouraged to work within their own comfort zones at all times. 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: ☐ MALE ☐ FEMALE ☐ OTHER

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.

☐ 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	