401-766-3734
84 Social St. Woonsocket, RI 02895

AGING WELL INC.

DATE: _____

MEAL SITE: _____

PARTICIPANT INFORMATION

Full Name _____

Date of Birth ___ / ___ / ___ Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Separated ☐ Divorced

Gender ☐ Female ☐ Male ☐ Nonbinary ☐ Prefer not to say

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

Do you live alone? ☐ Yes ☐ No Do you consider yourself low income? ☐ Yes ☐ No

What is your veteran status? ☐ Veteran ☐ Spouse of a Veteran ☐ Not a Veteran or Spouse

Do you consider yourself part of a minority group? ☐ Yes ☐ No Hispanic or latino(a) ☐ Yes ☐ No

Primary Language: _____ English Proficiency: ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Race (Select all that apply:) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Prefer not to say

How did you hear about Aging Well? _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Their Phone _____ Their Email _____

Their relationship to you _____

PRIVACY ACT STATEMENT

This form collects information under the authority of the Older Americans Act and the Privacy Act of 1974. The information will be used by the Rhode Island Office of Healthy Aging and this site to determine eligibility for the Title III-C Congregate Nutrition Program, as required by the U.S. Administration on Aging.

Providing this information is voluntary, but failure to do so may impact access to certain services. The information may be used for administrative, evaluation, and reporting purposes, and may be shared with authorized federal, state, or local agencies only as allowed by law.

By signing this form, I understand and acknowledge that my information will be used to determine my eligibility for the Title III-C Congregate Nutrition Program.

_____ ___ / ___ / ___

Participant Signature

Please continue on the reverse side of this form.

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84 Social St. Woonsocket, RI 02895

AGING WELL INC.

DATE: _____

MEAL SITE: _____

NUTRITION & MEAL POLICY NOTICE

Allergen Notice: All menu items may contain or be prepared in environments with nuts, seeds, beans, wheat bran, and other common allergens.

Outside Food Policy: For safety and compliance, outside food is not permitted in the congregate meal area.

Leftover Food Restriction: Per directive from the Rhode Island Office of Healthy Aging and the Rhode Island Department of Health, no perishable food may be removed from the congregate meal site. This policy helps ensure food safety and prevent contamination.

48-Hour Reservation Policy: We kindly ask that you make meal reservations at least 48 hours in advance to ensure availability.

MEDIA DISCLAIMER

Aging Well Inc. is a public community center. During programs and events, photos, videos, or other media may be taken that could be used for promotional materials, grant applications, social media, reports to funders, or other informational purposes. By participating in activities at our center, you acknowledge and give your consent for the possible use of your image in such materials, unless you notify staff so we can make every effort to exclude you when possible.

EXERCISE AND ACTIVITY WAIVER & RELEASE

By participating in any programs, events, or physical activities at Aging Well Inc., you acknowledge and accept that all participation is voluntary and at your own risk. This includes, but is not limited to, exercise classes, recreational programs, wellness events, and other group activities. We strongly recommend that you obtain a physical examination from your doctor before participating in any exercise or physical activity.

Your presence and participation serve as your understanding and acceptance of the risks involved, whether or not you have signed this form.

By participating, you agree that Aging Well Inc., its instructors, staff, volunteers, sponsors, the City of Woonsocket, the Town of North Smithfield, and affiliated organizations are not responsible for any injury, illness, accident, loss, or damage, including those resulting from negligence. Please note that use of the exercise equipment requires an additional waiver.

You hereby release and discharge all of the above parties from any and all liability, claims, demands, or causes of action, whether known or unknown, that may arise from your involvement in Aging Well Inc. activities.

This release is binding and applies to all current and future participation, unless revoked in writing. If any part of this agreement is determined to be invalid by a court of law, the remainder shall remain in full force and effect.

By signing below, you confirm that you have read and understood this waiver, that you accept its terms voluntarily, and that this release cannot be modified orally.

_____

Participant Signature

_____ / _____ / _____