



# Heritage Senior Center

1050 Florence McGarity Blvd.  
McDonough, GA 30252-2980  
770-288-7001



<http://www.co.henry.ga.us/Departments/S-Z/SeniorServices/Facilities.aspx>

## WELCOME TO THE HERITAGE SENIOR CENTER!

We are a community center for senior adults 55 and over who live in **Henry County**. Senior adults who live outside Henry County are welcome to join following payment of an out of county fee. The center is open Monday through Friday from 8:00 until 5:00 p.m. A quarterly calendar of activities, classes and trips are available at the front desk or online.

**Anyone who attends our center is required to provide proof of residency.** Upon returning your registration paperwork, you will be asked to provide your driver's license or ID, and a copy of your tax bill or a utility bill. This must be updated yearly. Out of County residents may attend at a cost of \$75.00 per year.

**The attached forms must be completed in full and turned in before participating in any Senior Center activity, class, trip or program.** It is your responsibility to advise staff of any changes in your information and update the information annually. Your information will not be shared with anyone and will be kept confidential.

**Anyone who enters the building is required to sign in.** There is a computerized touch screen sign-in system in the lobby. Once your registration forms are turned in and processed, you will be issued a scan card. The card requires a non-refundable deposit of \$5.00. The scan card can be used at all Senior Center locations. Visitors and guest(s) of registered members may sign in under the guest option. **Guests are defined as those who attend occasionally, not on a regular basis, including grandchildren. Grandchildren may not participate in activities, unless it is a pre-planned intergenerational event, and must remain with a grandparent at all times.**

**TRANSPORTATION** - Transportation to and from the senior center is provided by Henry Transit for a fee of \$2 per day (or \$1 each way). Henry Transit is a curb to curb service. You must be sufficiently mobile to meet the bus and to board with only minimal assistance. Buses typically arrive at the center before 10:00 am and leave at 2:00 pm to return home. If you decide to utilize Henry Transit, you will need to make an appointment with the Center manager for an assessment. Please allow one week for Transit service to begin after initial assessment.

**EMERGENCY PROCEDURES** – The fire alarm will sound in the event of an emergency that requires evacuation of the building. Our alarm has both visual and audio signals and is very distinctive. There are evacuation diagrams posted at the entrance to each activity hall and the dining room entrance. You should use the nearest exit that takes you safely to the front parking lot. Everyone will gather in the farthest lot until the all clear is given by a staff member.

In the event of severe weather, listen for an announcement on the PA system or verbal notification by a staff member to seek shelter in a safe area as noted on the evacuation diagrams. The all clear will be given by a staff member when it is safe to exit the safe areas. Fire drills are performed quarterly to familiarize clients with these procedures. Clients must be able to demonstrate the ability to understand and respond to these procedures to participate.

For the benefit of our participants, no selling or promotion of services, products or individuals is allowed at the senior center.

We often include photographs of persons participating in activities and classes at the center in our press releases and monthly newsletter. Please notify staff in writing if you do not want your picture to be used.

Thanks again for visiting with us. We hope that this information is helpful. Please don't hesitate to contact any of the senior center staff if you need any additional information. We hope you will decide to join us and look forward to seeing you again soon.

Sincerely,

**Traci Terrell**  
Program Coordinator  
Henry County Senior Centers

**Henry County Senior Services**  
**Guidelines for Senior Center Participation**

(Guidelines provided by Atlanta Regional Commission, Aging Services Division)

1. You must be fifty-five years of age or older or the spouse of a participant fifty-five years of age or older.
2. You must be willing and able to attend a senior center.
3. You must be able to communicate your needs and to perform routine activities of daily living independently. Initial orientation to the facility and meal service will be provided.
4. You must be able to function, after orientation and with reasonable accommodation, in the existing facility with existing staffing.
5. You must be independent in movement, with or without assistive devices, and able to transfer without assistance. You must be continent or be able to manage incontinence successfully and independently.
6. For your own safety and the safety of your fellow participants, no one exhibiting severe confusion or a tendency to wander may attend a senior center. If such a condition proves treatable or otherwise reversible, participant may be reassessed for appropriateness for senior center attendance.
7. You must comply with established, written center and agency policies as they apply to smoking, meals and transportation reservation.
8. You must provide adequate information for assessment and answer assessment questions independently.
9. Any behavior, which interferes with the ability of other eligible members to take full advantage of senior center programs, may result in suspension and/or termination of services. This may include instances of poor personal hygiene or disruptive behavior. No violence or threat of violence, physical or verbal, will be

tolerated under any circumstances. You may not come to the center under the influence of alcohol or consume alcohol while there. This applies as well to any other illegal or controlled substance.

All participation is based on initial and subsequent assessment results. The senior centers do not provide individual monitoring. There may be cases where an individual can participate in a senior center program only if accompanied by a volunteer or family member on specific days or for specific programs. If resources permit, staff will work with the older adult and family members to arrive at a realistic and mutually beneficial conclusion. A thirty (30) day trial period may be required in cases where staff or family have concerns about a client's cognitive or functional abilities. A referral to case management may be appropriate.

Deterioration in functional or cognitive ability may preclude senior center participation. An assessment should be conducted prior to return to the center after an extended absence. However, if staff or other resources can suggest ways a client can work around these impairments and attain an acceptable level of functioning, center participation may be possible. Client willingness to adapt to change is the key to success in this situation. Also, some clients may have to accept that they can no longer participate in more strenuous activities, such as trips.

Our goal is to serve, not to deny, service. We are required by the Older Americans Act to target minorities and the socially and economically needy. Our intent is to serve all older adults, using our professional skills to balance increased demands for limited resources.

It is the policy of Henry County Senior Services to ensure that senior adults in the community and clients receiving our services have the right to respectful and prompt responses from staff. We are committed to a simple complaint process to bring grievances forward and have them resolved in a timely manner. If you would like a copy of our Grievance Policy, please see a staff member.

**PARTICIPANT INFORMATION**

PARTICIPANT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE: GA ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PHYSICIAN CONTACT INFORMATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**MEDICAL CONDITIONS/PROBLEMS: (FOR EMT USE ONLY)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Dementia (Early Stage Only) | <input type="checkbox"/> Kidney/Renal Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis                   | <input type="checkbox"/> Cancer _____         |
| <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Osteoporosis                | <input type="checkbox"/> COPD                 |
| <input type="checkbox"/> Pacemaker           | <input type="checkbox"/> Knee Replacement            | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Stroke              | <input type="checkbox"/> Hip Replacement             | <input type="checkbox"/> Hearing Loss         |
| <input type="checkbox"/> Seizures            | <input type="checkbox"/> Vision Impairment           | <input type="checkbox"/> Other _____          |

MEDICATIONS/DOSES: (may attach list if desired)

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

**PARTICIPANT EMERGENCY CONTACTS**

NAME \_\_\_\_\_

RELATION \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_

RELATION \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

**DATE COMPLETED** \_\_\_\_\_

**Gender - Please circle one**                  Male                  Female

**Marital status – Please circle one**

Married    Widowed    Divorced    Separated    Other: \_\_\_\_\_

**Race/Ethnicity – Please circle all that apply**

Caucasian    African/American    Hispanic    Asian  
Other: \_\_\_\_\_

**Living arrangement - Please circle one**

Alone    With other relative  
With spouse/domestic partner                  With child  
Assisted living/personal care facility          Other: \_\_\_\_\_

**Primary language spoken** \_\_\_\_\_

**Veteran**                  \_\_\_ Yes                  \_\_\_ No

**Assistive device used?**          \_\_\_ Yes          \_\_\_ No

Cane \_\_\_ Walker \_\_\_ Rolator \_\_\_ Wheelchair \_\_\_ Elec. Scooter \_\_\_

**Additional information or contacts:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **AGREEMENT AND RELEASE FROM LIABILITY FORM**

I have read and understand the guidelines and agree to honor them. I know that I may appeal any decision through established grievance procedures. A copy will be provided upon request and are posted in the senior center.

I hereby voluntarily consent to participate in activities coordinated by Henry County Senior Citizen Services. I understand that I am entering into these activities of my own free will. I will not hold the Henry County Board of Commissioners, any of its agencies, or employees responsible for any injuries or harm that I may encounter while participating in the Senior Services Program.

I will exercise all necessary safety precautions and follow all guidelines as put before me by staff members. I understand that the information that I provided as part of my registration will need to be updated if there are changes in my health, family status, and living arrangements. I also understand that it is my responsibility to provide this information to the Senior Services Staff immediately upon change.

I also acknowledge that care and medications prescribed by my personal physician are my responsibility. I will not hold the Henry County Board of Commissioners, any of its agencies, or employees responsible for my failure to follow my physician's directions. I further understand that the medical information that I provide will be treated as privileged and confidential and will not be released to any third party without written consent.

I have read (or have had read to me) and understand the statements above. All my questions have been answered to my satisfaction.

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CLIENT SIGNATURE

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DATE

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STAFF SIGNATURE

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DATE



## **YOUR RIGHTS**

Since you have requested or are receiving services from this program, you have the following rights:

- The information you share with staff here is private and confidential. It will not be shared with unauthorized persons without your permission. Specific, official program staff may review your file, but only in accordance with strict confidentiality procedures. You may see your own file any time during regular business hours.
- If, for any reason, you disagree with any action taken regarding your dealings with this program, you have the right to file a complaint, known as a “grievance”. The grievance must be filed in writing within ten days of the action. If you need help filing the grievance, help will be provided. You may have a copy of the grievance procedures at any time.
- You have the right not to be discriminated against or treated differently because of your political affiliation, race, color, sex, handicap, national origin, religion or age. If you think you have been discriminated against, discuss this with program staff or with the director of the program. If you are not satisfied after following program complaint procedures, you may call the Area Agency on Aging, Chief, Aging Services Division, Atlanta Regional Commission, at 404-463-3235 for further action.

## **YOUR RESPONSIBILITIES**

- You must provide correct information to program staff.
- You must report any change in your situation or health which might affect your ability to participate in center activities.
- You must adhere to all guidelines and emergency procedures.

**I understand my rights and responsibilities as related to this program.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Heritage Senior Center Cafeteria Use**

A hot cafeteria style breakfast and lunch is provided each day. Breakfast is \$3.00 and is served from 9-10 a.m. Lunch is \$4.00 and is served from 12:00-1:00 Monday, Tuesday and Thursday. Lunch is served at 11:30 on Wednesday and Friday. The Cafeteria accepts cash only.

### **The cafeteria is open to:**

- Age 55+ residents of Henry County and/or spouse;
- Guest of an eligible client (Guests are defined as family members or friends who do not attend regularly);
- Henry County employees
- Senior Services Volunteers










**Our cafeterias utilize a number system.** A number may be obtained from the front desk. You may not take a number for someone else (spouses/domestic partners may share a number) or leave the building with it. Numbers 1-150 are assigned – everyone else simply takes their place in line after all the numbers are called. The numbers are called in groups of ten (10). You must be in the lobby or dining room at serving time or you forfeit your place (with the exception of class participants). It is permissible to use the dining room for games or socialization unless we have an activity or speaker. There will be a sign posted if this is the case.

### **Carry out meals:**

Individuals wanting carry out meals must wait to purchase their meal until all numbers have been called. **Carry out meals must be consumed off premises.**

**Each Senior Center varies slightly in their cafeteria serving times and carry out policies. Please check with staff at other locations for their specific policy.**

## Cafeteria Do's and Don'ts

-  Please remain seated until your number is called.
-  Please leave a clear path to trash cans and the dish window.
-  No saving of tables and/or chairs.
-  Please have your money ready to pay the cashier.
-  Small bills are greatly appreciated.
-  Do not enter for refills on drinks or to make an additional food purchases while there are still people in line.
-  Do not enter the exit door to make an additional food purchase.
-  Do not place walking canes on table tops.
-  Make certain canes, walkers, etc. are not blocking the aisles or posing a trip hazard.

**\*\*Do not take drinks outside the dining room other than water in a container with a lid.**