

Heritage Senior Center

1050 Florence McGarity Blvd.

McDonough, GA 30252-2980

770-288-7001

www.heritageseniorcenter.com



WELCOME TO THE HERITAGE SENIOR CENTER - a community center for senior adults 55 and above who reside in Henry County. Senior adults who reside outside Henry County are welcome to attend with payment of an out of county fee. We are glad that you have decided to visit with us and hope you will become a regular attendee. The center is open Monday through Friday from 8:00 until 5:00 p.m. and offers a variety of things to do. A quarterly calendar of activities and classes as well as a schedule of trips is available at the front desk.

Attached are forms that must be completed in full and turned in before participating in any 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. We will do a thorough assessment of your needs for service at a later date, if you decide to attend the center on a regular basis.

A sign in book is located in the lobby. **Anyone who enters the building is required to sign in.** Once your registration forms are turned in, your name will be added to the sign in book.

MEALS - A hot cafeteria style breakfast and lunch is provided each day. Breakfast is \$2.50 and is served from 9-10 a.m. Lunch is \$3.50 and is served at noon on Monday, Tuesday and Thursday; Wednesdays and Fridays at 11:30. Residents of Henry County 55 and older and their guest(s) are eligible to participate in our meal program. Guests are defined as those who attend occasionally, not on a regular basis.

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 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 increments of ten (10) five minutes before serving time. You must be in the lobby or dining room at that 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.

Take out meals are available. We asked that you comply with our policy that orders be called in by 11:15 a.m. to the Food Services staff at (678)583-3526 or be in the serving line no later than 11:45 (11:20 on Wednesday and Friday). Meals must be consumed outside the facility.

TRANSPORTATION - Transportation to and from the senior center is provided by Henry Transit for a fee of \$2 per day (or \$1 each way). You must be sufficiently mobile to meet the bus and board with only minimal assistance. If you decide to utilize Henry Transit, you will need to make an appointment with the manager to have an assessment.

EMERGENCY PROCEDURES – In the event of an emergency that requires evacuation of the building the fire alarm will sound. 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 of the need 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. Drills are performed quarterly to familiarize clients with these procedures.

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

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,

Diane Reed

Diane Reed, Program Coordinator
Henry County Senior Centers

Henry County Senior Services
Guidelines for Senior Center Participation
(Guidelines reflect those 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; or a disabled relative living in the home of a participant fifty-five years of age or older.
2. You must be willing 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 ambulation, with or without assistive devices, and able to transfer without assistance.
6. You must be continent or able to manage incontinence successfully and independently.
7. 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.

8. You must comply with established, written center and agency policies as they apply to smoking, meals and transportation reservation.

9. You must provide adequate information for assessment and answer assessment questions independently.

10. Any behavior, which interferes with the ability of other eligible participants 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. 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. Insofar as 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. 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. 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, with our professional skills used to balance these demands for limited resources.

I understand these guidelines and agree to honor them. I know that I may appeal any decision through established grievance procedures which have been given to me and which are posted in the senior center.

CLIENT SIGNATURE

DATE

STAFF SIGNATURE

DATE

EMERGENCY INFORMATION FORM

NAME _____ BIRTH DATE _____

ADDRESS _____

COUNTY _____ CITY _____ STATE GA ZIP _____

PHONE _____ E-MAIL _____

PHYSICIAN INFORMATION

NAME _____ PHONE _____

MEDICAL CONDITIONS/PROBLEMS _____

MEDICATIONS/DOSES _____

ALLERGIES _____

EMERGENCY CONTACTS

NAME _____	NAME _____
RELATION _____	RELATION _____
HOME PHONE _____	HOME PHONE _____
WORK PHONE _____	WORK PHONE _____
CELL PHONE _____	CELL PHONE _____

NAME _____	NAME _____
RELATION _____	RELATION _____
HOME PHONE _____	HOME PHONE _____
WORK PHONE _____	WORK PHONE _____
CELL PHONE _____	CELL PHONE _____

DATE COMPLETED _____

REGISTRATION FORM

Marital status – Please circle one

Married Widowed Divorced Other: _____

Race/Ethnicity – Please circle one

Caucasian African/American Hispanic Other: _____

Gender - Please circle one

Male Female

Living arrangement - Please circle one

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

Primary language spoken _____

Number in household _____ **Household income** –

0-\$10,000	30,001-40,000
10,001-20,000	\$40,000 or above
20,001-30,000	

LEVEL OF EDUCATION

College – Number of years _____

High school graduate __Y __N Highest grade completed _____

VETERAN _____Yes _____No

DISABILITY: _____Yes _____No If yes please describe

Assistive device used? _____Yes _____No

____Cane ____Walker ____Rolator ____Wheelchair ____Elec. Scooter

RELEASE FROM LIABILITY FORM

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 assisting 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 expressed 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.

Signature

Date

Release for Permission to Publish Photos

We often include photographs of persons participating in activities and classes at the center in our press releases. Please sign below to allow us to use pictures of you in press releases to the newspaper and/or media and websites.

Signature

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.
- You have the right to appeal any decision regarding the services you receive if you do not agree with the decision. You may request a copy of the program’s appeal process at any time. It must be posted at each site and given to you at orientation along with complaint procedures.
- 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 need for services, even if you are on a waiting list for service.

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

Signature_____ **Date**_____

Program:_____

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.
-  Pitchers of water are available on the condiment counter.
-  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.**

**** Water is allowed in a container with a lid.**

HCSCS - POLICIES AND PROCEDURES - CAFETERIA POLICY

I. General: To determine eligibility for use of the cafeteria and provide for a consistent, orderly and fair manner of participation.

II. PROCEDURE

1. Eligibility criteria are as follows:

a) Age 55+ resident of Henry County and/or spouse; **b)** Guest of an eligible client (Guests are defined as family members or friends who do not attend regularly); **c)** Henry County employees; **d)** Volunteers

2. Heritage Carryout meals

a) Order should be called in or individual be in line no later than 11:10 a.m. on Wednesdays and Fridays; 11:40 on Mondays, Tuesdays and Thursdays. **b)** Order shall be picked up by 11:55 a.m. (11:25 on Wednesdays and Fridays) or a lunch number must

be obtained from the front desk and the same procedure followed as if for a dine in meal; **c)** Shall be consumed in an area outside the facility.

Hidden Valley Carryout meals

a) Order should be given in writing to the food service staff **or** individual be in line no later than 11:10 on Fridays; 11:40 Monday-Thursday;

b) Order shall be picked up by 11:55 Monday-Thursday and 11:25 on Fridays or a lunch number must be obtained from the front desk

and the same procedure followed as if for a dine in meal; **c)** Meal shall be consumed in an area outside the facility.

All carryout meals shall be picked up at the cashier's station **without exception**.

Payment for meals is expected at time of pick up and should be paid to the cashier.

No meals shall be distributed or picked up at the back door of the kitchen or in any other manner without authorization from the Director

3. Number system

a. Clients who wish to have lunch in the cafeteria may elect to take a number (1-200) to ensure a place in line.

b. Only one number per person – you may not get a ticket for someone else (Spouses may share a number **provided they enter the line together**)

c. Tickets may not leave the building. If you take a ticket, you must remain at the center. (Church exercise participants are exempt).

d. Numbers will be called five minutes before serving times.

e. If you are not in the lobby or dining room when numbers are called you forfeit that place in line and must go to the back of the line.

f. It is permissible to use the dining room for games or socialization unless we have an activity or speaker utilizing that room. There will be a sign posted if we are using the room.

g. You may elect to have your dine in meal placed in a carry out container if you follow the procedures outlined.

h. If you wish to order a take out in addition to your dine in meal, please wait until everyone has gone through the line to place your order. This will ensure that everyone receives their choices and keep the serving line moving quickly.

*Assistance is available for those unable to carry their meal tray.