SENIOR CENTER OF BOULDER CITY
EMPOWERING SENIORS TO LIVE INDEPENDENTLY

2027 SCBC Participation Form

First name:_____Last name:_____

Date of birth:_____/_____/_____

Phone: (____)_____Email:_____

Address:_____
Street City State Zip

Emergency contact

Name:_____Phone: (____)_____Relation to you:_____

About you

1. Gender: ☐ Male ☐ Female ☐ Other
2. Are you a veteran: ☐ Yes ☐ No
3. Race: ☐ American Indian / Alaskan Native ☐ Asian ☐ Black / African American ☐ Hispanic ☐ Native Hawaiian / Pacific Islander ☐ White ☐ Other
4. Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
5. Do you live alone: ☐ Yes ☐ No
6. Is your household at or below poverty? ☐ Yes ☐ No (One person household $1,330- or two-person household $1,803)
7. What is your total Nutritional Score?__ (Use the "Determine Your Nutritional Health work sheet" on next page)
8. Activities of daily living (ADL) – without assistance I can perform the following activities
   ☐ Yes ☐ No
   If **not**, please mark which ones you are unable to perform without assistance:
   ☐ Bathing ☐ Getting dressed ☐ Eating
   ☐ Using the bathroom ☐ Maintain continence ☐ Transfer in/out of bed or chair
9. Instrumental activities of daily living (IADL) – without assistance I can perform the following activities
   ☐ Yes ☐ No
   If **not**, please mark which ones you are unable to perform without assistance:
   ☐ Prepare meals ☐ Manage medication ☐ Do housework ☐ Do laundry
   ☐ Manage money ☐ Use the telephone ☐ Shop ☐ Use transportation services

Signature:_____**Date**:_____

Office use only						
	2027 Membership	Volunteer	Congregate meals	MOW	HSMR	Pantry

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Service	☐	☐	☐	☐	☐	☐
ADSD						
SCBD						
Folder						
ADL		IADL		NR		
ID						

DETERMINE YOUR NUTRITIONAL HEALTH

Work sheet

Circle all that applies to your nutritional habits. Summarize the points at the bottom, with that number you can determine your total score, which needs to be written on the first page.

1. I have an illness or condition that made me change the kind of food I eat. 2 points
2. I eat fewer than 2 meals per day.....3 points
3. I eat few fruits, vegetables or milk products.....2 points
4. I have 3 or more drinks of beer, liquor, or wine almost every day.....2 points
5. I have tooth or mouth problems that make it hard for me to eat.....2 points
6. I don't always have enough money to buy the food I need.....4 points
7. I eat alone most of the time.....1 point
8. I take 3 or more different prescribed or over-the-counter drugs a day. 1 point
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months. 2 points
10. I am not always physically able to shop, cook, and/or feed myself.....2 points

Total score:_____points

If your score is: 0-2: good! Recheck score in 6 months.

If it's 3-5: you are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Refer to the attached handout for helpful tips. Recheck your nutritional score in 3 months.

If it's 6 or more: you are at high nutritional risk. You may write down your problem areas to discuss them with your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have, ask for help to improve your nutritional health.

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CODE OF CONDUCT
For patrons and guests

Purpose

The Senior Center of Boulder City is committed to providing a safe, respectful and welcoming environment for all participants, staff, volunteers and visitors. To maintain this standard, all individuals on the premises are expected to follow this guide as it outlined below.

The following behaviors are strictly prohibited and may result in disciplinary action, including suspension or permanent exclusion from the Senior Center of Boulder City:

Violation of Rights: any activity that infringes upon the rights, safety, or comfort of other participants, staff, or visitors.

Destruction of Property: vandalism, littering, or any willful destruction of the Senior Center's materials, equipment, furniture, or facilities.

Legal Violations: any violation of Federal, State, County, or City laws or ordinances while on Senior Center property.

Weapons: possession of firearms or any other weapons on the premises.

Harassment: racial, religious, sexual, or any other form of harassment.

Inappropriate Conduct: use of abusive, threatening, or inappropriate language or behavior.

Dress Code and Personal Hygiene: wearing clothing that is excessively revealing, offensive, or unclean to the point that it disrupts others. Poor personal hygiene that creates an unsafe or unpleasant environment for others.

Restroom Misuse: using restrooms for bathing, brushing teeth, changing clothes, or other inappropriate activities.

Smoking: smoking or vaping inside the Senior Center. Smoking is only permitted outside in designated areas.

Drugs and alcohol: possession, use, or sale of illegal substances or alcohol on the premises. Being under the influence of drugs or alcohol while at the Senior Center.

Disruptive Behavior: rudeness, hostility, or any discourteous behavior toward others or the facility.

Loitering and Soliciting: sleeping on or around the premises. Soliciting money, goods, or services (e.g., panhandling or loan requests). Bringing luggage, sleeping bags, or carts onto the premises.

Other Inappropriate Behavior: any behavior deemed by Senior Center staff to be inappropriate, disruptive, or offensive, even if not explicitly listed above.

Enforcement and Sanctions: violations of this Code of Conduct will be addressed by Senior Center staff. Consequences will vary based on the severity and frequency of the offense and may include verbal warnings, temporary suspension, or permanent exclusion from the Senior Center of Boulder City.

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Acknowledgment: I have read and understand the Code of Conduct. I agree to abide by these guidelines while on the premises of the Senior Center of Boulder City.

Name (please print):_____

Signature:_____

Date:_____

SENIOR CENTER OF BOULDER CITY
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AUDIO, PHOTO, AND VIDEO MEDIA RELEASE FORM

I hereby grant permission to the Senior Center of Boulder City, Inc., and its agents, employees, contractors, or authorized representatives, to record and use photographs, video recordings, and/or audio recordings of me. This permission includes the use of my image, likeness, and/or voice for purposes including, but not limited to:

- Educational and documentary materials
- Public Service Announcements
- Grant applications and reports
- Printed and digital newsletters
- Website and social media content
- General promotion of Senior Center programs and services

I understand that these materials may be used in various media formats, including print, digital, online, and broadcast, and may be distributed publicly without restriction.

I further authorize the Senior Center of Boulder City, Inc. to edit, alter, copy, exhibit, publish, or distribute these materials for the above-stated purposes. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or voice appears.

By signing this form, I release and hold harmless the Senior Center of Boulder City, Inc., its agents, employees, affiliates, and any third parties involved in the creation or publication of these materials from any and all claims, demands, or liabilities arising out of or in connection with the use of these materials.

I affirm that:

- I am at least 18 years of age
- I have read and understood this release
- I understand that I may direct any questions to the Senior Center in writing prior to signing
- My signature below indicates voluntary and informed consent

Name (please print):_____

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Signature:_____

Date:_____

SENIOR CENTER OF BOULDER CITY
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State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.



Your health information is personal and private. The law says that we (the Division of Public and Behavioral Health) must protect this information. When you first asked for our help, you gave us information that helped us decide if you qualified. It became part of your file, which we keep in our offices. Also in your file is information that is given to us by hospitals, doctors and other people who treat you. A federal law says that we must give you this notice to help you understand what our legal duties are and how we will protect your health information.



When is it okay for us to share your health information?

If you sign a special form that tells us it is okay to share your health information with someone, then we will share it. You can cancel this at any time by notifying us in writing except if we have already shared the information.

We can also share your information without your okay when we need to agree to pay for medical care or services you receive. We can share it when we need to pay your medical bills. We can share it when we review our programs and try to make them better. Under the law, these uses are called treatment, payment and health care operations.

The law says that there are some other situations when we may need to share information without your okay. Here are some examples.

For your medical treatment and payment

- When you need emergency care
- To tell you about treatment choices
- To provide information to your health care providers
- To remind you about appointments
- To receive reimbursement for services and treatment that have been provided

For your personal reasons

- To tell your family and others who help with your care things they need to know
- To be listed in a patient directory
- For workers compensation
- To tell a funeral director if you die
- If you have signed organ donation papers, to make sure your organs are donated according to your wishes

For public health reasons

- To help researchers study health problems
- To help public health officials stop the spread of disease or prevent an injury
- To protect you or another person if we think that you are in danger

Other special uses

- To help the police, courts and other people who enforce the law
- To obey laws about reporting abuse and neglect
- To report information to the military
- To help government agencies review our work and investigate problems

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State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
Notice of Privacy Practices

What are your rights?

- You can ask us not to share your information in some situations. However, the law says that we do not always have to agree with you.
- If you are reading this notice on the Internet or on a bulletin board, you can ask for a paper copy of your own.
- You can ask to look at your health information and get a copy of it.
- If you think that something is missing or is wrong in your health record that we have, you can ask us to make changes.
- You can ask us to give you a list of the times (after April 14, 2003) that we have shared your health information with someone else. This will not include the times we have shared your information for the purposes of treatment, payment or health care operations.
- You can ask us to mail health information to an address that is different from your usual address or to deliver the information to you in another way.
- You can ask to have a copy of your health information provided in electronic format if it is available.
- You may ask to restrict the release of your health information to a health plan when you have paid out of pocket in full for items or services.