

2026 Jefferson County Office for the Aging Senior Picnic

Wednesday July 15th, 2026 | Westcott Beach State Park | 10 AM - 2 PM

(Rain Date: Thursday July 16th, 2026)

<p>Registration due by: Friday June 26th, 2026</p> <p>Send completed reservation form and your check made out to the: "Jefferson County Treasurer" to Jefferson County Office for the Aging 175 Arsenal Street, Watertown, NY 13601</p> <p>\$8.00 Parking Fee for those under 62, ID must be shown at the entrance to the park*</p> <p>\$6.00 for individuals 60 and older \$12.00 for individuals under the age of 60</p>	<p><u>Menu</u></p> <p>Deli Meat on a Sub Roll Pasta Salad Tomato & Cucumber Salad Mixed Berry Cheesecake Parfait Beverages</p>
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One Reservation Form Per Person- All Pages Must Be Returned to The Office for the Aging

Last Name, First Name:			Middle Int:
Address:		City:	
State:	Zip:	County:	Phone:
Date of Birth:	Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> X		Veteran: <input type="radio"/> Yes <input type="radio"/> No
Person who is Frail?: <input type="radio"/> Yes <input type="radio"/> No Person with a Disability?: <input type="radio"/> Yes <input type="radio"/> No Limited ability to read, speak, write or understand English?: <input type="radio"/> Yes <input type="radio"/> No If yes, what is your primary language?:			
Any Communication Needs?:		Number of People in Household:	
Marital Status: <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Domestic Partner/ Significant Other <input type="radio"/> Single <input type="radio"/> Widowed			
Living Status: <input type="radio"/> Alone <input type="radio"/> Other <input type="radio"/> Spouse <input type="radio"/> Spouse & Others <input type="radio"/> Child(ren) <input type="radio"/> Relative(s) <input type="radio"/> Parent/ Guardian <input type="radio"/> Domestic Partner <input type="radio"/> Domestic Partner & Others <input type="radio"/> Non-Relative(s) <input type="radio"/> Non-Relative(s) in a community-based setting <input type="radio"/> Non-Relative(s) in a facility			
Please check the category your monthly income falls within: Single: <input type="radio"/> Below \$1,330 <input type="radio"/> \$1,331 - \$1,664 <input type="radio"/> \$1,665 - \$1,995 <input type="radio"/> \$1,996 - \$2,461 <input type="radio"/> \$2,462+ Couple: <input type="radio"/> Below \$1,803 <input type="radio"/> \$1,804 - \$2,254 <input type="radio"/> \$2,255 - \$2,705 <input type="radio"/> \$2,706 - \$3,336 <input type="radio"/> \$3,337+			

Emergency Contact Information Name: Phone Number: Relationship:	<u>Must Be Completed If Under 60</u>	
	Are you under 60 and the spouse of an eligible senior?	<input type="radio"/> Yes <input type="radio"/> No
	Are you disabled and living in senior housing?	<input type="radio"/> Yes <input type="radio"/> No
	Are you an eligible volunteer under 60?	<input type="radio"/> Yes <input type="radio"/> No
Are you disabled and living at home with an eligible senior?	<input type="radio"/> Yes <input type="radio"/> No	

Read the statements below. Circle the number in the “YES” column for those that apply to you. For each answer, score that number in the box. Total your nutritional score and compare below.

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

Score of 0-2 Good, recheck at six months.

Score of 3-5 at moderate nutritional risk & need to see what to do to improve eating habits and make life-style changes.

A score of 6 or more means you are at a high nutritional risk. Take the checklist to a doctor, dietitian or qualified health or social service professional and talk to them. Ask for definite ways to improve your nutritional risk.

* Free parking for cars who have an individual 62 or older in them, ID of said individual must be presented at the park entrance. All other cars are subjected to an \$8 parking fee.

The following information is for demographic purposes only!

Race (select one or more):

- American Indian / Native Alaskan
- Asian *
- Black or African American
- Middle Eastern *
- Native Hawaiian / Other Pacific Islander *
- North African *
- White - Hispanic
- White - Not Hispanic

***If Asian:** Asian Indian Bangladeshi Chinese
 Japanese Pakistani Korean Vietnamese
 Prefers not to answer Other:

***If Middle Eastern :** Armenian Iranian Iraqi Israeli
 Jordanian Lebanese Palestinian Saudi Syrian
 Yemeni Prefers not to answer Other:

***If Native Hawaiian / Other Pacific Islander:** Chamorro
 Guamanian Native Hawaiian Samoan
 Prefers not to answer Other:

***If North African:** Algerian Egyptian Libyan
 Moroccan Sudanese Tunisian Prefers not to answer
 Other:

Informed Consent to Capture and Record Personal Information

I hereby consent to my personal information contained in this Registration Form being saved in the Client Data System maintained by the New York State Office for the Aging and used by the Jefferson County Office for the Aging. I understand that my information will not be shared with other agencies without my permission.

I understand that the information on this form may be sent to the State and Federal government and is used to improve the services offered and better meet my needs.

Signature:	Date
Print:	

Attestation - To Be Completed By Worker

I attest that informed consent, as indicated, was obtained from the above individual, who provided his/her signature above. All appropriate processes were followed, and consent was provided voluntarily.

Signature:	Date
Print:	Agency: