

# MACEDONIA SENIOR CENTER



Hello Nordonia Seniors!

Happy New Year! It's time again to fill out your annual **Macedonia Senior Center Registration Forms!**

Anyone participating in any and all Senior Center Programming **MUST** complete a registration form every year. This information is used for a variety of purposes, including memberships, logistics and planning, communication, safety, grant reporting and financial management. This data helps ensure that programs and services effectively meet your needs and that our programs can continue to thrive.

**NEW FOR THIS YEAR AND VERY IMPORTANT:** Please provide an **EMAIL ADDRESS** and **CELL PHONE NUMBER**. This information is necessary to communicate any cancellations in programming or urgent information. We want to ensure that important information is delivered to you quickly and efficiently so you'll always be in the know! **If you do not have an email address, please provide a family member or friend's email address if possible.** If we do not have one on file, you will not receive updates on programming.

It is very important to fill out each line completely, front and back, and provide as much information as possible. This information is used strictly for Senior Programming and will not be shared with unauthorized third parties.

If you have any questions, please feel free to reach out to me at 330-468-8300 ext. 430. Looking forward to another great year with all of you!

Sincerely,

Leah Griffith  
Senior Center Coordinator  
lgriffith@macedonia.oh.us  
330-468-8300 ext. 430



# Senior Center Registration 2026



PLEASE COMPLETE BOTH SIDES

**IMPORTANT: EMAIL ADDRESS AND CELL PHONE NUMBER  
REQUIRED FOR NOTIFICATION PURPOSES. PLEASE PROVIDE!**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

THE ABOVE INFORMATION MAY BE SHARED WITH OTHER SENIOR CENTER PARTICIPANTS. YES: \_\_\_\_\_ NO: \_\_\_\_\_

SOCIAL SECURITY # (LAST 4 DIGITS): \_\_\_\_\_

NUMBER OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

HANDICAPPED: YES \_\_\_ NO \_\_\_

TYPE OF HANDICAP (PLEASE CHECK):

USE OF HEARING AID YES \_\_\_ NO \_\_\_

USE OF CANE/WALKER/WHEELCHAIR YES \_\_\_ NO \_\_\_

LOW VISION YES \_\_\_ NO \_\_\_

OTHER (PLEASE EXPLAIN) YES \_\_\_ NO \_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ENSURE THAT BOTH SIDES ARE COMPLETELY FILLED OUT**

## Determine Your Own Nutritional Health

What you eat does affect your health. Use this checklist to find out if you or someone you know is at nutritional risk.

Instructions: For each question, answer “yes” or “no”. Then circle the number that appears in the appropriate column. Add the circled numbers to determine your total score.

Nutrition Checklist		Yes	No
	1. Have you made any changes in lifelong eating habits because of health problems?	2	
	2. Do you eat fewer than two (2) meals a day?	3	
	3. Do you eat fewer than five (5) servings (1/2 cup each) of fruits and vegetables every day?	1	
	4. Do you eat fewer than two (2) servings of dairy products (such as milk, yogurt, or cheese) every day?	1	
	5. Do you sometimes not have enough money to buy food?	4	
	6. Do you have trouble eating well due to problems with chewing/swallowing?	2	
	7. Do you eat alone most of the time?	2	
	8. Without wanting to, have you lost or gained ten (10) pounds in the past six (6) months?	2	
	9. Are you not always physically able to shop, cook, and/or feed yourself (or to get someone to do it for you)?	2	
	10. Do you have three (3) or more drinks of beer, liquor, or wine almost every day?	1	
	11. Do you take three (3) or more prescription or over-the-counter drugs per day?		
<b>Total Score Today</b>			

**Total your score from the Nutrition Checklist. If it's:**

**0 - 2... Good!** Recheck your nutritional score in six (6) months.

**3 - 5.... You are at moderate nutritional risk.** See what you can do to improve your eating habits. Your office on aging, senior nutrition program, senior citizens center, health department and/or physician can help. Recheck your score in three (3) months.

**6 or more.... You are at high nutritional risk.** Talk with your doctor, dietitian or other qualified health or social service professional about any problems you may have. Ask for help to improve your nutritional health.

Adapted from the Determine Your Nutritional Health Checklist developed by the Nutrition Screening Initiative, Washington, DC.