

CWD - Bingocize Enrollment Form

Welcome

Thank you for choosing to enroll in the Bingocize Program brought to you by Partners in Care Foundation.

Before the program begins we ask that you complete a survey that helps our organization report to our funders, including the LA Department of Aging. The information you provide remains confidential, and will only be used in aggregate form (for example: 53% of our workshop participants speak English at home or 95% of our workshop participants are 60 and older). Most of the information on the survey is optional, but there are some questions that are required by our funders in order to provide these workshops for free. If the survey doesn't let you move on to the next page or submit, check that all required questions have been answered.

Client Intake - Confidential

Contact Information

First Name *

Last Name *

Street Address *

Apt/Unit #

City *

State

Zip/Postal Code *

Phone Number

Date of Birth *

Month

January
February
March
April
May
June
July
August
September
October
November
December

Day

1
2
3
4
5
6
7
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11
12
13
14
15
16
17
18
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24
25
26
27
28
29
30
31

Year

What language do you speak at home?

Ethnicity Information

- | | | |
|---|---|---|
| <input type="checkbox"/> Multiple race | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Declined to state |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American/Alaskan Native | <input type="text"/> |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Unknown | |

Income Information

Number of household members

member(s)

Total Household Income

\$0 - \$4,870/month (\$58,450/year)

Declined to state

\$_____ / per year

Health Insurance Information

Do you have health insurance?

- Yes No

Insurance Provider

- Blue Cross/Blue Shield United Healthcare Care First Aetna HealthNet Assurant
 Humana Cigna AARP Other
 Kaiser Permanent

I certify that the information provided on this digital form is accurate and complete. *

Sign name using mouse or touch pad

Signature of

In order to keep the survey anonymous, please use the first 2 letters of your first name, the first 2 letters of your last name, and the last 2 digits of your birth year as your *Participant ID*. This way your pre- and post- program survey responses can be matched without using names or identifiable information.

Participant ID *

First 2 letters of first name

First 2 letters of last name

Last 2 digits of birth year

Page description:

Please read the following Bingocize implied consent document.

1. Which Bingocize® session are you participating in?

Exercise - Only Falls Prevention Nutrition

Other -

2. Did your doctor, nurse, physical therapist or other health care provider suggest that you take this program?

Yes

No

3. How old are you today?

years

4. Do you live alone?

Yes No

5. Are you male or female?

Male

Female

6. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. What is your race? Mark all that apply.

- American Indian or Alaska Native
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- White

8. What is the highest grade or level of school that you have completed?

- Less than high school
- Some college or vocational school
- Some high school
- College graduate or higher
- High school graduate or GED

9. Has a health care provider ever told you that you have any of the following chronic conditions (i.e., one that has lasted for three months or more)?

	Yes	No
Arthritis or other bone/joint disease	<input type="radio"/>	<input type="radio"/>
Breathing / lung disease	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Heart disease or blood circulation problem	<input type="radio"/>	<input type="radio"/>
High blood pressure / hypertension	<input type="radio"/>	<input type="radio"/>
Glaucoma/other chronic eye problem	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>
Parkinson's Disease	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Other chronic condition(s)"/>	<input type="radio"/>	<input type="radio"/>

10. Are you limited in any way in any activities because of physical, mental, or emotional problems?

Yes No

11. In general, would you say that your health is:

- Excellent Very good Good Fair Poor

12. Over the last two weeks, how much have you been bothered by the feelings below

	0 (not at all)	1	2	3 (a little)	4	5	6	7	8	9 (severely)
a. Feeling sad, down, or uninterested in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Not having the social support you feel you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next few questions ask about falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

13. In the past 3 months, how many times have you fallen?

- none # of times

14. How fearful are you of falling?

- Not at all A little Somewhat A lot

15. Please mark the circle that tells us **how sure you are** that you can do the following activities.

	Very sure	Sure	Somewhat sure	Not at all sure
I can find a way to get up if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find a way to reduce falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can protect myself if I fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can increase my physical strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can become more steady on my feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. During the last 4 weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors or groups?

- Extremely Quite a bit Moderately Slightly Not at all

17. I have made safety modifications in my home, such as installing grab bars or securing loose rugs, to reduce my risk of falling

- True False

Waiver / Release

I am over the age of 18 as I hereby certify the following: 1) I am physically fit and have received medical clearance to participate in this Bingocize program, provided by Partners in Care Foundation. I understand and agree that there are risks, both foreseeable and unpredictable, associated with any active event. I am aware of these risks and agree that my participation is at my own risk. 2) In consideration of my participation in this Bingocize program, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation, 3) I acknowledge that the risk assumed could include serious injury and/or death. 4) I acknowledge that the responsibility is on me, the participant, to report any personal physical conditions that could impact my participation and to report any unsafe conditions that I may encounter to a responsible party. I understand that this waiver has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

By checking this box I certify that I acknowledge and agree to the above.

(untitled)

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- By checking this box I certify that I acknowledge and agree to the above.
- I do not wish to acknowledge and accept this program waiver/release.

Thank you!

Thank you for submitting your enrollment form. Your response is very important to us.

As a friendly reminder, these are the **steps** and the **information you will need** to take to join the Bingocize session:

1. Join the Zoom meeting online OR call in by phone

- to join **online**, use the web link: **bit.ly/2W7G7tV**
- to join **by phone**, use the Zoom Dial-in Phone Number: **(669) 900-9128**

- you will need the **Zoom Meeting ID: 207 546 5364**
- you will also need the **Zoom Password: 136865**

2. Log into **play.bingocize.com**

- you will need your **Bingocize Username: [question('value'), id='154']**
- you will need your **Bingocize Password: [question('value'), id='155']**

Please reassure you wrote down all the web URLs and passwords needed. The information is going to be exactly the same for every session.

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1. Join the Zoom meeting online OR call in by phone

- to join **online**, use the web link: **bit.ly/35xGmms**
- to join **by phone**, use the Zoom Dial-in Phone Number: **(669) 900-9128**

- you will need the **Zoom Meeting ID: 742 329 3673**
- you will also need the **Zoom Password: 222 969**

2. Log into **play.bingocize.com**

- you will need your **Bingocize Username: [question('value'), id='154']**
- you will need your **Bingocize Password: [question('value'), id='155']**

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- to join **online**, use the web link: **bit.ly/2SJ0BZh**
- to join **by phone**, use the Zoom Dial-in Phone Number: **(669) 900-9128**

- you will need the **Zoom Meeting ID: 378 073 9666**
- you will also need the **Zoom Password: 054 333**

2. Log into **play.bingocize.com**

- you will need your **Bingocize Username: [question('value'), id='154']**
- you will need your **Bingocize Password: [question('value'), id='155']**

Please reassure you wrote down all the web URLs and passwords needed. The information is going to be exactly the same for every session.

Agency Staff Verification *

Sign name using mouse or touch pad

Signature of

Today's date *



Thank you for verifying this enrollment for Bingocize.