



# NOTICE

## Informed Consent

The information collected on this form may be shared with the Maryland Department of Aging (MDoA). Upper Shore Aging, Inc. and MDoA will not share any personal information which identifies you (such as your name, social security number, address, or telephone number) with any other person or agency. Upper Shore Aging, Inc. and MDoA will use the information collected to prepare local, state and federal reports and to help improve programs and services for seniors in Maryland but will keep your identity confidential.

You may refuse to provide any or all the information requested on the attached form. If you refuse to provide the information requested, you will still be eligible to receive any service which does not require proof of limited income information and proof of identity to receive any service which requires proof of a limited income.

You may also refuse to share certain specific identifying information you provide on this form with MDoA (name, social security number, personal street address, phone number, emergency contact information, and employer information).

You may inspect your personal information at Upper Shore Aging, Inc., 100 Schaubert Road, Chestertown, MD 21620 (410-778-6000 or 1-800-721-6651) or at MDoA's office at 301 West Preston Street, Suite 1007, Baltimore, MD 21201 (1-800-Age-DIAL). You must provide a written request. Upper Shore Aging, Inc. and MDoA will allow you to inspect your personal information as soon as reasonably possible, but not later than 30 days from the date of your request. You must provide proof of your identity at the time of your inspection.

.....  
I have read and understand the above informed Consent Notice.  
(Please check the one that applies)

**I consent** to share the information with the Maryland Department of Aging \_\_\_\_\_

**I do not consent** to share information with the Maryland Department of Aging \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BROOKLETTS PLACE  
ACCEPTABLE COMPUTER/INTERNET USE AGREEMENT**

By using the computer systems of Brookletts Place, The Talbot County Senior Center (a.k.a. the Center), you signify that you understand and agree to the policies outlined in this Statement.

No bags, food or drink are allowed into the Computer Classroom area.

Only students may access computer lab during scheduled classes.

TIME LIMIT: Two (2) hour maximum, if no one is waiting.

Charge for Printouts: 25 cents per page. Pay at the Front Desk.

**USER INFORMATION & RESPONSIBILITIES**

- Do not attempt to repair or tamper with any of the equipment. If you encounter a problem with the hardware or software report the problem to the Manager or Front Desk.
- Do not move any equipment from its original position.
- No software may be loaded onto the computer; this includes loading files via a disk or flash drive.
- Games of any kind, unless loaded onto the machines by the Center are prohibited.
- Copying software and/or using pirated software is illegal and prohibited.
- Switch off all power supplies and turn off the computer accordingly after each use.

**INTERNET ACCEPTABLE USE POLICY**

Each user shall be deemed to agree, by advancing beyond the initial computer logon screen, to abide by the Center's Computer and Internet Use Agreement.

Brookletts Place provides public access to the Internet, through Center-owned computers, and to other electronic resources. The Center recognizes that the Internet is a rich but unregulated resource, and that not all sources on the Internet provide information that is accurate, complete, current, legal or philosophically acceptable to all citizens.

The Center's computers are to be used for legal purposes only. Use of Brookletts Place computers to display or disseminate graphic pornography, sexually explicit or sexually suggestive material is prohibited. The viewing of child pornography is a criminal act and may be prosecutable as a felony. Users who commit violations shall lose their Internet and/or computer privileges, and may lose their Center membership. Users of the Center's computers or connections may not use them for any purpose that violates federal, state or local laws. Users must respect all copyright laws and licensing agreements pertaining to electronic files and other resources obtained via the Internet.

The Center reserves the right to terminate an individual's use of an electronic resource, computer or wireless connection at any time for failure to comply with stated Policy and Guidelines.

- Users may not use Internet station or wireless connections for unlawful purposes, or to view prohibited content. Users are responsible for complying with stated Policy and Guidelines.
- Users may not alter the Center's hardware and may not use any ports or jacks at the backs of computers to attach any equipment or peripherals to a computer.
- Printer may not be used to print from personal computing devices.
- Users may not store individual files on the Center's computer hard drives. Files or other data found on hard drives are deleted as part of regular clean-up procedures by the Center.
- Users are responsible for damage to or loss of Center hardware and software caused by negligence. Replacement Costs apply in cases of loss or damage.

Staff members who notice inappropriate images or materials displayed on a monitor will approach the user and advise that the display is not permitted in the Center's public setting and politely ask the user to remove it. If there is any hesitation on the user's part, the staff member will explain that any further display of such materials will result in denial of computer use privileges and, possibly, in a request to leave the facility.

I have read the above and fully understand all rules, regulations and policy as stated herein, and fully agree to comply with them at all times.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: You must inform Reception, when you sign in, that you will be using a computer. Each visit you will be assigned a specific machine (they are all numbered) to use. You may not use any other machine.**

# Photo/Video Release Form

I hereby grant Brookletts Place Talbot County Senior Center and Upper Shore Aging, Inc., permission to use my likeness in a photograph/video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Brookletts Place Talbot County Senior Center & Upper Shore Aging, Inc., and will not be returned. I hereby irrevocably authorize Brookletts Place Talbot County Senior Center & Upper Shore Aging, Inc. to edit, alter, copy, exhibit, publish, or distribute the photos/video for purposes of promoting the company's programs and/or services or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph/videotape. I hereby hold harmless and release and forever discharge Brookletts Place Talbot County Senior & Upper Shore Aging, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

For \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

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*The warning signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.*

# Determine Your Nutritional Health

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and /or amount of food I eat.	2
I eat fewer than two meals per day.	3
I eat few fruits or vegetables, or milk products.	2
I have three or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me 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 three 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 six months.	2
I am not always physically able to shop, cook and/or feed myself.	2
<b>TOTAL</b>	

## Total your nutritional score. If it's --

- 0-2 **Good!** Recheck your nutritional score in 6 months.
- 3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- 6 or more **You are at high nutritional risk.** Bring this checklist the next time you see 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.

**Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.**

*Senior Center Handbook Acknowledgement*

*I acknowledge that I, \_\_\_\_\_,  
have received the senior center handbook and  
have read its contents thoroughly. I understand  
that if I ever have any questions or concerns, I  
can report them to the Senior Center Manager  
and/or the Director of Senior Centers &  
Nutrition.*

*Participant Signature:*

\_\_\_\_\_

*County:*

\_\_\_\_\_

*Senior Center Manager Signature:*

\_\_\_\_\_

*Date:*

\_\_\_\_\_