



Senior Center Membership Application

SENIOR CENTER ELIGIBILITY POLICY

The Keyport Senior Citizens Center welcomes residents of Keyport and the Bayshore Community who are age 60 or older, or under 60 if disabled. All participants must be able to care for themselves without assistance, including managing personal hygiene and eating independently.

We do not provide health care at our Center and we are unable to provide care or supervision for people with dementia or who exhibit dementia symptoms. A member must be capable of managing independently at our Center as well as on our outside sponsored trips and events. We are not equipped to provide any kind of individual supervision and we cannot provide adequate care for people who may wander.

If a person has been diagnosed with any form of dementia prior to registering with us, that person will be unable to participate in our programs. If it appears that a person does not fall within our guidelines, we will be happy to discuss with the person and/or his or her family member(s) other more appropriate options, such as Adult Day Care, where there is supervision and staff trained to deal with symptoms of dementia. Assisted living and other residential care options, as well as home care and community resources, may be discussed as well.

A service may be terminated if the Center member is not abiding by the existing policies and procedures regarding attendance. Likewise, if the member is disruptive to the program, including physical or verbal abuse of agency staff or/and other Senior Center participants, that person may be deemed ineligible for further services. Disruptive behavior may result in immediate termination from the program.

We aim to work with the client and his or her family to offer guidance and information on services to enhance the person's quality of life. The safety of our members is our most important priority. If the senior's safety appears to be at risk while at our Center or at one of our Center sponsored events, it will be determined that the person will no longer be able to participate.

I, _____, received and read this policy on
(name)

_____. (date)

_____. (Signature)

Revised December 15,2025

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SENIOR CENTER – PARTICIPANT REGISTRATION FORM 2026

110 2ND STREET - KEYPORT, NEW JERSEY 07735 - Phone: 732-264-4916 Fax: 732-264-8552

<u>(OFFICE USE ONLY) (ORIGINAL DATE OF MEMBERSHIP)</u> <u>MONTH / DAY / YEAR</u> 		<u>DIRECTOR/STAFF</u> 		<u>MEMBERSHIP</u> <u>RESIDENT</u> <u>NON-RESIDENT</u>	
EMAIL _____					
<u>LAST NAME</u>		<u>FIRST NAME</u>		<u>MIDDLE INITIAL</u>	GENDER: GENDER IDENTITY: M – MALE M- MALE F – FEMALE F- FEMALE
<u>ADDRESS</u>		<u>APT.# / FLOOR</u>		<u>DATE OF BIRTH</u>	
<u>CITY</u>		<u>STATE</u> NJ	<u>ZIP CODE</u>	<u>HOME PHONE NUMBER</u>	<u>CELL PHONE NUMBER</u>
<u>MARITAL STATUS</u> 1. Married 5. Separated 2. Never Married 6. Divorced 3. Widowed 4. Single		<u>RACE/ETHNICITY</u> 1. White 5. Native American 2. Black 6. Other 3. Hispanic 4. Asian		<u>INDIVIDUAL INCOME LEVEL</u> 1. Below \$14,580(LI) 6. \$26,973 (185%) 2. \$16,038 (110%) 7. \$29,160 (200%) 3. \$18,225 (125%) 8. \$42,142 (PAAD) 4. \$21,870 (150%) 9. \$42,142-\$52,142 5. \$25,515 (175%) (Senior Gold)	
<u>PROOF OF RESIDENCY:</u> 2) LICENSE (PLEASE CIRCLE ONE) 3) BANK STATEMENT 1) UTILITY BILL 4) OTHER _____			<u>FRAIL/DISABLED:</u> Y = YES N = NO U= UNKNOWN <u>VULNERABLE/ISOLATED:</u> Y= YES N= NO U= UNKNOWN		
<u>BELOW POVERTY:</u> Y = YES N = NO U = UNKNOWN	<u>LIVES WITH:</u> (Circle all that apply) 1. Alone 4. Relatives 2. Spouse Only 5. Non-Relatives. 3. Spouse & Others		<u>NUMBER IN HOUSEHOLD</u> (enter 0 if unknown)		<u>IS PRIMARY LANGUAGE</u> <u>ENGLISH:</u> YES/NO If "no" what language?
<u>FUNCTIONAL LIMITATIONS</u> (Circle all that apply) 1. None 4. Speech 2. Walking 5. Hearing 3. Vision 6. Unknown 7. Other		<u>PROSTHETIC DEVICES</u> (Circle all that apply) 1. None 4. Walker/Cane 2. Hearing Aid 5. Wheel Chair 3. Dentures 6. Glasses 7. Other		<u>PRIMARY TRANSPORTATION</u> 1. Own Car 4. Relative/Friend 2. Pub. Trans. 5. Other 3. SR Trans. 6. Unknown	
<u>UNDER 60 - MEMBER AS:</u> 1. Spouse 4. Staff 2. Handicap 5. Guest 3. Volunteer 6. Unknown		<u>ENROLLMENT/ENTITLEMENTS</u> (Circle all that apply) 1. Medicaid 5. Food Stamp 2. Medicare 6. Veteran's Pension 3. Social Security 7. Private Health Ins. 4. SSI 8. Other		<u>REFERRAL SOURCE:</u> 1. Self 2. Public Agency 3. Rel./Friend/Neighbor 4. Newsletter/Event 5. Favebook	<u>Veteran status</u> 1. Yes 2. No <u>Veterans Relationship</u> 1. Self 2. Spouse 3. Widow/Widower
NON-RESIDENT Fee for Year \$50 DATE PAID: PLEASE MAKE CHECK PAYABLE TO THE BOROUGH OF KEYPORT		I, _____ hereby authorize Keyport Senior Center to release the information on the attached form to the Monmouth County Office on Aging. I understand that the information will be used for the purpose of preparing statistical reports only and will not be otherwise released to agencies, organizations, and/or individuals without my knowledge and consent. This authorization remains in force indefinitely unless expressly cancelled by me.			

LAST NAME:

FIRST NAME: _____

BIRTHDATE: _____

INFORMATION/ GET TO KNOW ABOUT YOU SHEET

1. WHAT SPARKED YOUR INTEREST IN JOINING THE KEYPORT SENIOR CENTER?

2. WHAT ARE YOU INTERESTED IN: EXAMPLES: CARDS, DANCE, GAMES, TRIPS, ART, DISCUSSION GROUPS, EXERCISE, CHORUS, ETC.?

3. DO YOU KNOW WHAT PROGRAMS YOU WILL TAKE PART IN?

4. PREFERRED DAYS TO ATTEND THE CENTER?

5. DO YOU HAVE ANY DIETARY RESTRICTIONS OR ALLERGIES TO FOOD?

6. WHAT ARE YOU HOPING TO GET OUT OF YOUR TIME HERE AT THE CENTER? (Example: Make friends, stay active, learn new skills, volunteer, relax, try new activities)

7. WOULD YOU LIKE TO VOLUNTEER? _____
8. WHAT WAS YOUR OCCUPATION? _____
9. CURRENT EMPLOYMENT STATUS? _____
10. DO YOU HAVE HOBBIES/SKILLS? _____
11. DO YOU NEED TRANSPORTATION? _____
12. DO YOU HAVE ANY LIMITATIONS? _____
13. DOES KEYPORT SENIOR CENTER HAVE PERMISSION TO SHARE YOUR PHONE NUMBER? YES ____ NO ____
14. WOULD YOU LIKE TO BE ADDED TO OUR EMAIL LIST? NO ____ YES ____

EMAIL _____ @ _____ . _____

15. Do you give Keyport Senior Center Permission to use your photograph or likeness in connection with public presentations, advertising, publicity, and promotional efforts relating to the activities and programs?
Yes _____ No _____

EMAIL _____ @ _____ . _____

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KEYPORT SENIOR CENTER
110 Second Street
Keyport, New Jersey 07735
Phone: 732-264-4916 Fax: 732-264-8552
Email: Chris McManus CMcManus@keyportonline.com
PERSONAL MEDICAL INFORMATION FORM

NAME: _____ **Birthdate** _____

DOCTOR/CLINIC: _____ **PHONE:** _____

INSURANCE NAME: _____

INSURANCE Number _____

HOSPITAL PREFERRED: _____

ALLERGIES _____

ALLERGIES TO MEDICATIONS: _____

MEDICATIONS: _____

Past Medical History _____

Is there anything special about your health status we should know? (For example, are you diabetic or do you have a heart or lung problem?) _____

CONSENT FORM: I give my consent to the Physician and Hospital to do whatever is deemed necessary to ensure the safety of the person named above _____ (Initial)

IN CASE OF AN EMERGENCY, CALL:

NAME: _____ **NAME:** _____

DAYTIME PHONE: _____ **DAYTIME PHONE:** _____

EVENING PHONE: _____ **EVENING PHONE:** _____

CELL PHONE: _____ **CELL PHONE:** _____

RELATIONSHIP: _____ **RELATIONSHIP:** _____

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MEDICAL RELEASE FORM

I hereby release, waive and agree to hold harmless the Borough of Keyport, its employees, contractors, associates, departments or other entities or individuals representing the same, with regard to any accidents, illness or personal injury I may suffer, which might result from my participation in any activity or program listed below offered by the Borough of Keyport. I am aware that it is my responsibility to check with my doctor before beginning any type of activity offered by the Borough of Keyport. The Borough of Keyport has advised me that a physician's approval is strongly recommended prior to beginning any exercise program that is offered by the Keyport Senior Center. I acknowledge I have no mental or physical condition that might compromise my ability to participate in the activities which have not been disclosed to the Borough of Keyport and I am fully capable of participating in these activities without causing harm to myself or others.

PLEASE CHECK EACH PROGRAM THAT YOU MIGHTWANT TO ATTENDING:

PROGRAM DETAILS ARE IN OUR NEWSLETTER

<input type="checkbox"/> PROJECT HEALTHY BONES	<input type="checkbox"/> TABLE TENNIS
<input type="checkbox"/> GENTLE FITNESS	<input type="checkbox"/> LINE DANCING
<input type="checkbox"/> LATIN GROOVE	<input type="checkbox"/> TAI CHI
<input type="checkbox"/> SENIOR GROUP FITNESS	<input type="checkbox"/> CHAIR VOLLEYBALL
<input type="checkbox"/> SENIOR CIRCUIT	<input type="checkbox"/> OTHER (PLEASE SPECIFY _____)
<input type="checkbox"/> ZUMBA	
<input type="checkbox"/> CHAIR YOGA	

**BY SIGNING AND DATING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ,
VOLUNTARILY SIGNED THIS DOCUMENT AND UNDERSTOOD THE ABOVE INFORMATION.**

NAME _____ DATE _____

Event, Party and Trips Policies

Effective July 2025

Please Note: All non-members are required to pay an additional \$5.00 fee for all trips/ Events and parties, unless stated otherwise

Refund Policy

- To request a refund, you must submit your **original (white copy) receipt** and complete a **Refund Request Form**. If you do not receive a receipt at the time of payment, please ask for one.
- If you are unable to attend a trip or party, **notify the Center as soon as possible**. If your spot can be filled from the waitlist, you may be eligible for a refund.
- **Do not give or sell your seat or ticket** to others. Always contact the Center office first for proper handling.
- Refunds are issued only if you cancel **before the final payment due date and/or at least 14 business days prior** to the trip or event—**whichever comes first**.
- Refunds are processed and mailed by the **Borough Office**. If payment was made by credit card, the refund will be issued **minus the original service fee** charged during the transaction.
- Please allow **6–8 weeks** to receive your refund by check.

Transfer Policy

- A **one-time-only** transfer of funds from one trip or party to another is permitted and subject to approval by the **Senior Center Supervisor**.
- If a trip is **canceled by the Senior Center**, you may choose to:
 - Transfer your payment to another trip or party, **or**
 - Receive a full refund.

Travel & Timing Information

- All **return times are approximate** and may vary due to weather and traffic conditions.
- Please allow for flexibility when planning around trip return times.
- Please arrive at your designated pickup location **at least 15 minutes prior** to the scheduled departure time.

Trip Pick-Up Locations ➤ Be sure to inform staff of your **chosen pick-up location in advance**.

Pick-up is available for charter bus trips at the following locations:

- **Fireman's Municipal Parking Lot** – West Front Street
- **Bethany Manor** – 500 Broad Street
- **Keyport Oyster Bay Apartments** – 50 Beers Street

Theater Club Trips- Participants may **park in the Keyport Senior Center parking lot** for all Theater Club trips.

Party Policies

Group Table Reservations ➤ The Senior Center will try our best to accommodate all requests in the order we receive them.

- To reserve a table, you must submit a **completed Table Reservation Form**.
- **No seats may be held** unless full payment has been received for each guest listed.
- The person submitting the reservation is responsible for ensuring that **all listed guests have paid in full**. Incomplete payments will result in the table request being declined.

Please keep this page for your records and refer to it when registering for trips, events & Parties.