

The Lou Walker Senior Center (LWSC) was designed for **active, independent adults age 55 and older who reside in DeKalb County, GA. Out of county residents**, who are age 55 or older, are **only** permitted to join the Lou Walker Senior Center if they **are members of the Silver Sneakers Program.**

MEMBERSHIP ELIGIBILITY:

- 1. Age: Fifty-five (55) is the minimum eligibility age requirement to join.**
- 2. Health:** Members must exhibit independence and the ability to self-care. To participate in the LWSC programs: **you must be cognitive**, meaning you cannot have any form of dementia; **be continent**, that is, in total control of your urine and other bodily functions. **Mental disorientation or physical disabilities requiring individual care cannot be accommodated.** Because the Lou Walker Senior Center's mission is to serve independent active seniors, LWSC is not staffed to assist persons in need of individual attention and assistance.
- 3. Required Documents: You must bring (A) a LWSC Medical Release signed by doctor within past 90 days; (B) valid Georgia driver's license or picture ID; and (C) check, money order or credit card as payment of membership fees. (D) Silver Sneakers membership is verified monthly; payment of annual membership fee is due the month after expiration of Silver Sneakers. Faxed or emailed documents are not accepted for membership.**

All potential or returning members **must** submit an **LWSC Medical Release Form** signed by their doctor **within 90 days prior to meeting with LWSC social worker** who determines the compatibility of the center's programs and the participant's interest. At the time of **annual membership renewal**, current members must also meet with our social worker after obtaining **LWSC Medical Release signed by their doctor within the previous 90 days.** LWSC Social Workers evaluate all current or potential member's mental and physical levels of independence.

LWSC and the DeKalb County (GA) Human Services Department will exercise discretionary judgment as to the center's ability to accommodate any individual. The Department reserves the right to decline services to individuals if the staff and/or facilities are inadequate for their needs. Current memberships could be revoked. If it is determined that the Lou Walker Senior Center programs do not meet the individual's needs or interests, staff will attempt to identify a facility that can better serve you and suggest resources to care givers.

By joining **the Lou Walker Senior Center, you are accepting full responsibility** for getting in and out of the facility; on and off your mode of transportation without any assistance from a LWSC staff member or volunteer. Acceptance of membership **releases the Lou Walker Senior Center from all responsibility or liability** for any participant using equipment to augment their independence (i.e., walkers, rollators, oxygen, wheelchairs, or canes) while at the Center. It is the responsibility of each member to ensure that they are mobile in case of an emergency while at the Center.

Subject to the conditions set forth below, **I give my consent to receive such medical treatment as deemed necessary in the event of an emergency. I will assume liability for all medical expenses involved.** This authorization extends to my participation as a member in any activity sponsored by or involving the Lou Walker Senior Center, to include all Aquatics and Land Fitness programs, as well as my presence at the center during the hours of operation. I understand that **in the event of an emergency, reasonable efforts will be made to contact my emergency contacts using the numbers provided by me** during the enrollment process.

I also understand that in case of a medical emergency, **the Lou Walker Senior Center and DeKalb County Government will not assume any liability** if I refuse treatment. If it is believed that my life or health may be adversely affected by a delay in contacting my emergency contacts, I consent to the following:

The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Member's Signature: _____ **Date:** _____

Please provide the following information:

Allergies: _____

Diabetic: No ___ Yes: ___ **Insulin user** ___ **Pills** ___

Names of all medications being taken (prescribed and over the counter):

Physical Impairment (if any): _____

Section to be completed by Physician.

Patient's Name: _____

I, Dr. _____ (please print), recommend that the above-named person be permitted to participate in physically strenuous activities at the Lou Walker Senior Center.

Physician's Signature: _____ **Date:** _____

Phone number of Physician: (_____) _____

SOCIAL WORKERS

A social worker is available to you for individual
Counseling Services
Tuesday, Wednesday, Thursday
10:00 am - 2:00 pm

Senior Services Referrals Include:

- Advanced Directives/Living Wills
- Alzheimer/ Dementia Support
- Caregiver Support Services –Group meets 1st Wednesday at 3:00pm
- Dental Clinic Resources
- Employment Referral
- Home Repairs Resources
- Georgia Senior Legal Hotline Referrals (Medical Directives/Wills)
- Location of Social Security Office
- **Lou Walker Center Membership (new, Renewal, or Update)**
- **Low Income Heating and Water Assistance Programs**
- Medicare & Medicaid Application Assistance
- Medicare Prescription Enrollment
- Mental Health Resources
- Primary Care Resources
- Senior Housing Resources
- Utility Assistance Information
- Veterans Assistance Resources

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