|  |
| --- |
| **Village In The Ville**  **Membership Application**  **& Bill of Rights** |
| **Occupants of Household Information** |
| **Member 1: Name:** |
| Date of Birth: Phone: |
| Email: |
| Street Address: |
| Mailing Address (if different than street address): |
| **Member 2 Name:** |
| Date of Birth: Phone: |
| Email: |
| Preferred Contact Method: |
| Pets: |
| Full time Clintonville resident? Yes No |
| **Primary Emergency Contact Information** |
| Name: |
| Address: |
| Phone: |
| City: State: Zip Code: |
| Relationship: |

|  |
| --- |
| **Second Emergency Contact Information** |
| Name: |
| Phone: |
| Address: |
| City: State: Zip Code: |
| Relationship: |
| **Additional Contact Information** |
| Physician: Phone: |
| Specialist Phone: |
| Specialist Phone: |
| Specialist Phone: |
| Preferred Hospital: |

**Village in the Ville Member Interests**

Personal Interests: Village in the Ville provides innovative programs and events. Please identify your interests so we can develop programs and events that fit your lifestyle.

⃝ Arts/Crafts

⃝ Books/Literature

⃝ Civic engagement

⃝ Computers/Technology

⃝ Concerts/Music

⃝ Cooking/Culinary

⃝ Theater

⃝ Dance

⃝ Dining Out

⃝ Health/Wellness/Exercise

⃝ Film/Photography

⃝ Lecture/Discussion

⃝ Museums/Exhibitions

⃝ Outdoor Recreation

⃝ Travel

⃝ Hobbies/Other

|  |
| --- |
| What activities/ events are you already participating in? |
| Other comments: |
| Are you currently receiving any home support services (Senior Options, Passport, home health aid, etc.)? |
| Are you a veteran? |
| Are you interested in becoming a Village in the Ville volunteer? |

**Personal Needs**

Village in the Ville also wants to provide services and resources that meet your current and future needs. Please check all that apply.

⃝ Driving and transportation

⃝ Companionship

⃝ Gardening/Yard care

⃝ Housekeeping

⃝ Legal assistance

⃝ Grocery/Meal delivery

⃝ Home maintenance and repair

⃝ Personal finance management

⃝ Pet Care/walking

⃝ Health advocacy/Assistance

⃝ Technology assistance

Other needs:

Why are you joining the Village?

How did you hear about the Village?

**Village Member Confidentiality Agreement**

I understand that Village in the Ville has a legal and ethical responsibility to maintain the privacy and confidentiality of all Member information. Any contact that I have with a Village staff member or volunteer and any information that I share will remain private and confidential in the manner set forth in the policies and procedures of the Village.

Village staff members and volunteers will not disclose any of my information or discuss such information with anyone except the Village Director, appropriate Village staff, appropriate volunteers, anyone I have designated, or as outlined in the Prevention of Abuse, Neglect, and Exploitation Policy (see below).

Village staff, members, and volunteers will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications or purges of subscriber information. Subscriber lists will not be shared for any use without express written consent from Village Members.

I have read the above agreement, understand it, and agree to comply with all its terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Member Date

⃝ I am interested in being in the Village in the Ville Directory. My name, phone number, address, and email will be available to participating members.

**Village in the Ville Prevention of Abuse, Neglect and Exploitation Policy**

The staff and volunteers of Village in the Ville have a responsibility to report discoveries of suspected abuse, neglect of care, or exploitation of an older adult. This report will be made to Adult Protective Service (APS) at 614-525-4348. If there is an immediate threat, the staff person or volunteer will call 911.

**Range of Services**

I understand the range of services offered to me and agree to the following (please initial each statement):

\_\_\_\_\_\_\_I understand that if I receive a subcontracted service via a referral from Village in the Ville, I will receive a bill directly from the 3rd party provider. It is my responsibility to resolve billing issues directly with that provider.

\_\_\_\_\_\_\_\_\_Village in the Ville is not a provider of emergency services or health-care services, is not a health-care administrator and does not employ licensed health professionals.

**Reasons for Termination of Membership**

Member resides outside of service area.

Member or caregiver refuses requested service.

Member or caregiver repeatedly cancels services.

Member fails to comply with program policies.

Member has extreme physical or mental deterioration beyond program capabilities to render appropriate services.

Member requires 1:1 personal care or assistance and has not made arrangements for it.

Member has emotional or behavioral disorders so severe as to cause destructive behaviors towards self, other participants, volunteers, or staff or disruptive behaviors in a group setting.

Household member has a (communicable disease that may endanger staff or volunteers. (This may be temporary.)

Member enters a personal care home or nursing home permanently.

Member dies.

Member refuses to pay annual membership fee or update required paperwork.

**Termination Determination**

Termination of membership is appropriate when either of the following occur:

1) Staff determines member no longer meets membership eligibility criteria, or

2) Member or caregiver requests immediate termination of services.

Written notification of service termination will occur in all cases except in the event of the death of the member.

A member will have the right to utilize the Clintonville-Beechwold Community Resources Center’s grievance process at any time. A copy of the Grievance Policy can be obtained by directing your request to:

Associate Director of CRC

3222 N. High St.

Columbus, OH 43202

In all cases where participation in the program is no longer feasible, the staff of Village in the Ville will be available to assist the member in making alternative service arrangements, including referral to other Community Resource Center Services for which they may be eligible.

**Service Request Procedures**

Request for services from a volunteer or service provider should ideally be made at least five days in advance of requested service. Staff will respond within one business day of initial request. If a request is made less than five days in advance of need, it may not be possible to fulfill the request

Village in the Ville is not affiliated with any third party it may recommend and does not assume any responsibility or liability stemming from the conduct of third party providers. Village in the Ville will attempt to help mediate any disagreements with vetted service providers.

Members will not offer tips or gifts to volunteers. Offerings on the order of a cup of coffee are acceptable.

Village in the Ville operates on a "volunteer assistance first" policy. If no volunteer is available, if a request does not meet priority of need, or if a requested service is beyond the capacity of a volunteer, then members will be referred to the preferred provider list for locating an appropriate service source.

**Agreement and Permission**

\_\_\_\_I understand the Village in the Ville enrollment and termination criteria.

\_\_\_\_I give my permission to have photographs or videos taken of me.

\_\_\_\_As a Village in the Ville Member I hereby release and discharge Village in the Ville from all responsibility or liability for services rendered by an third party providers, and I agree to hold Village in the Ville harmless from and against any cost expense or damages (including without limitation reasonable attorney’s fees) that may arise to in connection with any and all claims brought by or through me, including but not limited to claims brought by my insurance carrier.

**Village in the Ville Membership and Billing Agreement**

Please indicate (the type of membership you are choosing:

Silver \_\_\_\_\_\_\_\_Individual ($200) \_\_\_\_\_\_\_\_\_\_Household ($250)

Gold \_\_\_\_\_\_\_\_Individual ($400) \_\_\_\_\_\_\_\_\_ Household ($500)

For household membership, both participants must be over age 50.

Party Responsible for Payment of Village Fees if Other than Member(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information for Payee, if not Member(s)/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Member(s) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm the accuracy of the information provided on this form. I have received a copy of the Member Bill of Rights, Explanation of Benefits, and Confidentiality Agreement, and I agree to the rules and matters listed.

I recognize the need for an annual renewal and Village evaluation, including updating of critical information, plus payment of an annual fee. I grant Village in the Ville permission to contact the above specified emergency contact. Having read the above and additional documents carefully, I am pleased to become a Member of Village in the Ville.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Village in the Ville Staff Date

(If a third party is responsible for membership payment, Village in the Ville staff will require a written commitment to that effect by the third party.)

**Payment Information**

Payment Frequency: ☐ Yearly ☐ Monthly

Payment Method: ☐ Cash ☐ Check ☐ Credit Card

Card Type: ☐Visa ☐Master Card ☐Discover ☐American Express

Credit Card Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Expiration Security Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Card Holder

<https://app.etapestry.com/onlineforms/CommunityResourceCenter_1/VintheV.html>

|  |  |  |
| --- | --- | --- |
| **Membership Benefits** | **Membership Level** | |
|  | **Silver** | **Gold** |
| Educational and cultural activities | x | x |
| Social events and activities | x | x |
| Participation in Quarterly Meetings | x | x |
| Members-only discounts and freebies | x | x |
| Referrals to our vetted professional service providers |  | x |
| Staff assistance with information, research, and service coordination |  | x |
| Volunteer help with a wide variety of tasks and activities, in and outside the home |  | x |
| Access to our rides program |  | x |

|  |  |  |
| --- | --- | --- |
| **Household Size** | **Membership Level** | |
|  | **Silver** | **Gold** |
| Individual | $200 a year  ($17 a month) | $400 a year  ($34 a month) |
| 2-Person Household | $250 a year  ($21 a month) | $500 a year  ($42 a month) |

Additional participation options are available through the Friends and Patron Level.

Scholarships toward membership fees may be available based upon demonstrated need.

For more information and general questions, please contact:

Christine Happel, Program Director at [Christine.Happel@clintonvillecrc.org](mailto:Christine.Happel@clintonvillecrc.org) or 268-3539