

Member-to-Member Community Application

Email: _____

DOB: ____ / ____ / ____

Preferred Method of Communication: (choose one) Mail Email

Cell Phone: _____ Would you want to receive texts? Yes No

Home Phone: _____

Preferred Phone: (choose one) Home Cell

Preferred time to receive calls: (choose one) Morning Afternoon Evening

Preferred Spoken Language:

Cantonese/Mandarin English Russian Spanish Other _____

Preferred Language for Letters/Mail:

Cantonese/Mandarin English Russian Spanish Other _____

Emergency contact:

Name: _____ Relationship: _____ Phone: _____

Are there any special considerations we should know about you that will help us in developing our program?

Visually Impaired Deaf/Hard of Hearing/TTY user Bedbound Wheelchair User

Please add any other: _____

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Are you interested in joining our virtual events? Yes No

If yes, do you need any technical assistance from us with logging in to the event? Yes No

If yes, please select the device you'll use to join the virtual events

A smartphone with data plan

A computer or laptop that connects to the internet

A landline phone

Other _____

We are currently offering the following virtual events that you can join from the comfort of your home. Please check off all of the programs that interest you:

Friendly Chats

Dance & Exercise Classes

Virtual Games

Meditation

Virtual Concerts

Cooking Classes

Chair Yoga

Health Education

We are currently offering the following in person services and activities:

Grocery Delivery

Neighborhood Walks

We continue to think of other amazing ideas and activities to expand our program in the future. Please check all that you are interested in participating in:

Translation Support

In Person Chats

In Person Games

Reading to the Visually Impaired

Any other suggestions for activities? Please List Below:

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Tell Us About Yourself!

Answering these questions will help us find the best partner for your chats and will allow us to organize activities that you may enjoy in the future.

Tell us about yourself:

What do you enjoy most about your day?

Marital Status:

- Single
 Married
 Separated/Divorced
 Widow/Widower
 Domestic Partnership

Hobbies: (choose one)

- Knitting
 Photography
 Cooking
 Television/News
 Walking
 Boardgames
 Gardening
 Reading
 Journaling
 Religious Activities
 Music
 Exercise

Please list any other hobbies or provide details regarding those circled above:

Do you have any pets? Yes No If yes, what kind? _____

What kind of music do you listen to?

- Blues
 Jazz
 Country
 R&B
 Rock
 Disco
 Dance
 Latin
 Classical
 Oldies
 Motown

Other: _____

Tell me about your work life: (choose one) Retired Employed Self Employed
 Other _____

What field were/are you in? _____

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Answer 1 or all:

What makes you feel most accomplished? _____

What is the first thing you look for in a friend? _____

What is your personal motto? _____

What would you like to learn more about?

Are you interested in any of the following topics:

- Staying Mentally Sharp
- Staying Physically Healthy
- Staying in Your Home as You Age
- Caring for Loved Ones (For Caregivers)
- Bereavement Support
- Other (Please Fill In) _____

How did you hear about the M2M program?

- Care Manager referral, name of the Care Manager _____
- Elderplan newsletter
- Elderplan website
- Existing member referral
- Know us from other Customer experience programs, such as the Volunteer to the member program
- Other (Please Fill In) _____

Anti-Discrimination Statement

Elderplan/Homefirst does not discriminate on the basis of race, color, national origin, citizenship, age, disability, religion, sex, sexual orientation, gender identity or expression, marital status, or any other characteristic protected under federal, state and local law.

Disclaimers

Elderplan is a HIPAA Covered Entity and as such will not share your personal or health information to any third parties for commercial or non-healthcare related purposes. However, by participating in the program you agree that Elderplan may share certain information for the limited purpose of carrying out the activities and fulfilling the tasks you elect to participate in. For example, if you request pharmacy pick up, Elderplan may share the names of your medication with the volunteer who will help with your pharmacy pickup service. Also, if you participate in this program you may choose to share personal information with other Elderplan members at your discretion. Elderplan has no control over the use or misuse of information shared by you with other members. Elderplan also strongly recommends that members do not post or share private information received from other members on social media platforms. Elderplan recommends that you check with your doctor before beginning any new physical activities.

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Signature _____ Date _____