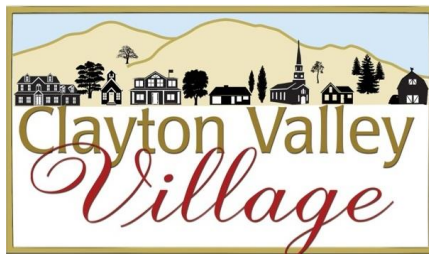


Membership Enrollment Application and Agreement



THIS APPLICATION AND AGREEMENT MUST BE COMPLETED AND SIGNED BY
EACH PERSON IN YOUR HOUSEHOLD WHO WISHES TO ENROLL. PLEASE PRINT.

Date: _____

CONTACT INFORMATION

Primary Member: Last Name: _____ First Name: _____ M.I.: _____

Birth date: _____ Gender: ☐ F ☐ M ☐ Other

Ethnicity: African _____ Asian _____ Hispanic _____ White _____ Other _____

Phones Primary: _____ Cell or Home Additional: _____ Cell or Home

Email: _____

Address: _____ City: _____ Zip Code: _____

Spouse/Partner: Last Name: _____ First Name: _____ M.I.: _____

Birth date: _____ Gender: ☐ F ☐ M ☐ Other

Ethnicity: African _____ Asian _____ Hispanic _____ White _____ Other _____

Phones Primary: _____ Cell or Home Additional: _____ Cell or Home

Email: _____

OTHER CONTACT INFORMATION

Please include two people (family member suggested) we can contact in case of emergency (required to process application)

Emergency Contact 1: _____ Relationship to you: _____

Email: _____ Phone: _____

Address: _____

Emergency Contact 2: _____ Relationship to you: _____

Email: _____ Phone: _____

Address: _____

Primary Care Physician: _____ Phone: _____

Health Care Provider: _____

ADDITIONAL INFORMATION

How did you hear about Clayton Valley Village?

Have you attended a Clayton Valley Village community meeting or other event? _____ If yes, when? _____

What interested you in becoming a member of Clayton Valley Village?

Your responses to the following questions will help to clarify that Clayton Valley Village memberships can fulfill your expectations. A staff member will contact you if we have any further questions.

PRIMARY MEMBER

How would you describe YOUR current health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you have any health needs or chronic conditions that would be helpful for us to know about? If so, please describe: _____

Do you currently need assistance to remain at home? If so, please describe nature of assistance needed:

SPOUSE/PARTNER

How would you describe your PARTNER'S/SPOUSE'S current health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do THEY have any health needs or chronic conditions that would be helpful for us to know about? If so, please describe: _____

Do THEY currently need assistance to remain at home? If so, please describe nature of assistance needed:

Please check all that apply:

- ☐ I would like my name to be added to our Membership Roster (only fellow members and volunteers will be able to view your name and contact information)
- ☐ I would be interested in learning more about volunteering for Clayton Valley Village. If checked, I understand someone from Clayton Valley Village will contact me with further information.
- ☐ Clayton Valley Village has many events and activities, and we like to use photographs from these events to share with other members. By checking here, I give my (our) consent for Clayton Valley Village to use my (our) photograph and likeness to be used in its publications, including its website, publicity, promotion and/or awareness, but not as a direct endorsement of any product or service. I release them from any expectation of confidentiality. Clayton Valley Village's intended use of my/our photo will not violate the rights of any person or organization and will not incur any liability payment to any person or organization.

Criteria for Membership

- Residence in service area including Clayton and parts of Concord.
- Responsible for, and capable of, making key decisions about one's own life.
- Living in a residence that presents no known threats to health or safety.
- Self-sufficient in meeting personal care needs, either through self-care or arrangements with a personal caregiver.
- Current medical coverage/plan in place including the relationship with a medical provider (doctor/clinic/neighborhood health facility).
- Willing to provide advance contact information of family, friends, or others, that Clayton Valley Village is permitted to contact in case of emergency.

Memo of Understanding for Clayton Valley Village Members

Clayton Valley Village Inc. and the undersigned applicant(s) hereby agree that:

Clayton Valley Village is a non-profit organization that provides programs, services, and referrals to its members to assist them in remaining in their own homes, and in their own communities. Through volunteers, a network of third-party providers, community events, and relationships, Clayton Valley Village offers its members some of the activities and services available to residents of conventional retirement communities. It is important to note, however, that the Village is not a substitute for facilities specifically designed to support individuals when they are no longer able to live independently. Further, we are not a substitute for long-term care insurance.

Annual Full membership in Clayton Valley Village is \$480 for individuals and \$660 for households (a residence comprised of a married couple or partners). All memberships are for a period of one year (12 months) beginning the first of the month following CVV's background clearance, acceptance of the application, and payment of dues. As a member of Clayton Valley Village, you are entitled to all the benefits of membership. A 30-day notification is required for the cancellation of membership.

Clayton Valley Village acts on behalf of its membership to identify services that are most needed and desired and to continue to revise programs and services based on member satisfaction surveys and feedback. Discounts from service providers and partners of Clayton Valley Village will be negotiated by staff and passed on to our members when available. While dedicated to providing the highest possible member satisfaction with the activities and services it provides, Clayton Valley Village does not under any circumstance assume direct or indirect responsibility or liability for services contracted for by members with third-party providers referred by Clayton Valley Village.

I understand that Membership in Clayton Valley Village is not a replacement for long-term care insurance, and Clayton Valley Village does not provide medical services, home health care, intensive, daily in-home support, or personal care services. I affirm the accuracy of the information provided on this form. I have received a copy of this application and have read and agree to the rules and matters listed on the reverse. I agree to hold Clayton Valley Village their insurers, employees, volunteers, officers, and board members harmless from and against any cost, expense, or damages (including attorney's fees) arising out of or in connection with any claims brought by me, on my behalf, or through me or my insurance carrier(s) relating to Clayton Valley Village and any services provided by Clayton Valley Village and with respect to any equipment provided by Clayton Valley Village. I recognize the need for annual renewal, updating of critical information, and payment of the annual fee. I grant permission for Clayton Valley Village to communicate with the above-specified Emergency Contact(s).

In order for Clayton Valley Village to monitor its members' needs and levels of satisfaction, I authorize third-party providers to share non-medical data with Clayton Valley Village about the services I use. Clayton Valley Village reserves the right to be in touch with members' contacts in case of situations of health or safety concerns.

I have read the above carefully, and I am pleased to become a member of Clayton Valley Village under the terms and conditions described.

Signature, Primary Member

Date

Signature, Spouse/Partner Member

Date

Membership accepted:

Clayton Valley Village, Inc., a California non-profit public benefit corporation

By: _____ Date: _____
Name/Title

**Clayton Valley Village P.O. Box 1274, Clayton, CA 94517, Phone:925 626-0411, Email:
village.clayton@gmail.com**