

CAMBRIDGE AT HOME

APPLICATION FOR SUBSIDIZED MEMBERSHIP FOR 2011-2012

Thank you for expressing interest in Cambridge At Home. We are pleased to announce that funds raised from local businesses, foundations, and individuals now make it possible for us to extend membership benefits to a few qualified households at a subsidized rate of \$100 per year for a one-person household and \$150 per year for a two-person household. Submission of an application does not guarantee that a subsidy will be awarded. Applications are reviewed annually by an outside committee. This committee does not include CAH Trustees, members or staff. Applicants will be notified of the Committee's decision. Please do not call the CAH office.

Cambridge At Home is a nonprofit membership organization of Cambridge residents 50 and older who are together creating the means to stay confidently in their own homes as they grow older. We offer a referral service for screened providers of home health care and many other services, a grocery shopping service, free exercise classes, rides to medical appointments requiring sedation, and a wide array of social activities.

Some of the social events are free with membership; others involve additional fees for transportation, meals, and/or admissions. All activities and services by providers are paid for by members, not by Cambridge At Home. Our service providers, many of whom offer discounts to our members, bill the client directly for their services.

Applicants for subsidized memberships must be aged 75 or older and have gross annual incomes lower than \$46,300 for a one-person household or \$52,950 for a two-person household. Income verification is part of the application process.

All information is confidential and will be used with your permission only. Please print legibly in ink, and answer all questions. If something does not apply, enter n/a.

Name(s) _____

Birth Date(s) ____/____/____ Birth Date(s) ____/____/____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different from home address) _____

Telephone # _____ Cell Phone # _____ Email _____

Do you own or rent your residence? _____ How long have you lived there? _____

of people in your household _____ Relationship to you _____

Do you own a car? _____ Do you still drive? _____ Do you use public transportation? _____

Do you have any physical or cognitive impairment? _____ If yes, please describe:

Do you use a wheelchair, walker, cane, oxygen tank or other assistive device? If so, please describe:

Do you have any help at home now? _____ If yes, describe what type of help and how often they come to your home.

What local elder services do you use now?

_____ SCM Transportation _____ The RIDE _____ Somerville Cambridge Elder Services _____

_____ Meals on Wheels _____ Council on Aging Senior Shuttle Bus _____ Other please list

Please check the Cambridge At Home services that you are likely to use.

___ Referrals to fee-based providers

- ___ Home maintenance
- ___ Home health care
- ___ Transportation
- ___ Meal Preparation

___ Volunteer rides available for medical appointments requiring sedation only

___ Exercise classes ___ Social Events ___ Grocery shopping service ___

___ Interest Groups (Scrabble, bridge, book club, writer’s group)

Are there other areas in which you might need assistance?

Please attach a copy of your most recent income tax return. Incomplete applications or applications without proof of income will not be reviewed.

If this application is approved, membership in Cambridge At Home would extend for one year from the approved upon start date. All social activities with additional costs, and services provided by vendors, will be paid for by the member, not by Cambridge At Home. Applicants who are accepted will be required to sign the Cambridge At Home Membership Agreement in order to receive the membership subsidy. I/we understand that the fee of \$100 for a one-person household and \$150 for a two-person household is due in full upon acceptance of the subsidized membership and it is not refundable.

I/we certify that the information on this application is true and correct. I/we also understand, based on whether we can work productively together in the first year, that Cambridge At Home may renew the membership for a second and third year.

PRINT NAME(S)

SIGNATURE (S)

RETURN TO:
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