

<u>CAPITAL CITY VILLAGE</u> is grassroots, member-based, volunteer-first, intergenerational community organization created for neighbors, by neighbors. Founded in 2011, CCV is a nonprofit dedicated to helping seniors stay in their homes and communities for as long as possible, a concept called aging in place and community.

As a virtual village, we serve older adults ages 55 and up of all income levels who currently live independently in Austin and want guidance and assistance in continuing to age in their own home and community for as long as is feasible. If you are seeking a way to access help with your medical, financial, legal, or household problems and to improve or maintain your quality of life at home, or simply to have wonderful social and cultural options with folks your age, our village is for YOU.

Member benefits include:

- Educational and cultural activities
- Social events and activities
- Health & wellness activities
- Referrals to our preferred service providers
- Volunteer help with a wide variety of tasks and activities, in and outside the home
- Assistance with transportation
- Staff assistance with information, research, and service coordination

Membership	ANNUAL Individual Fee	Income	ANNUAL Household Fee	Income
Level 1	\$100	Below	\$200	Below
	(\$8/mo.)	\$29,160	(\$17/mo.)	\$39,440
Level 2	\$300	Below	\$450	Below
	(\$25/mo.)	\$43,740	(\$38/mo.)	\$59,160
Level 3	\$450	Below	\$600	Below
	(\$38/mo.)	\$58,320	(\$50/mo.)	\$78,880
Level 4	\$600	Above	\$800	Above
	(\$50/mo.)	\$58,320	(\$67/mo.)	\$78,880

Social Supporter: Individuals and Households not needing immediate services yet or living outside CCV's service area. \$200/Yr. (\$17/mo.)

^{*}Part of the membership fee may be tax deductible. Should a Social Supporter at some point require direct services, the member would be given the opportunity to enroll in Level 1, 2, 3 or 4 depending on annual income.



Membership Agreement

Capital City Village (CCV) is a nonprofit 501(c)(3) corporation, founded by residents in Austin, TX and serving members with Austin addresses. CCV's goal is to help its members live life to the fullest in their own homes and communities as they grow older. CCV has established and is continuing to develop a network of volunteers, social and cultural activities, and service providers that offer a full range of services to members to enable them to age in place.

Individuals and households become members of CCV by applying and qualifying for an applicable level of membership based on income. The nonprofit corporation is managed by its Board of Directors; subscribing members are not voting members of the corporation. Membership begins on the day you pay your fee and will continue for twelve consecutive months. Payment plans are accepted and arranged with Capital City Village staff.

Members subscribe to and receive the services CCV provides. Capital City Village acts on behalf of its membership to identify the activities and services the Board has determined to be most needed by and most beneficial to its members. CCV relies on volunteers and identifies strategic partners who deliver such activities and services in the geographic area served at convenient times and places.

Most of the activities of CCV will be available at no additional cost. As a CCV member, you will contract directly with and be billed for services by third-party service providers; these service providers will offer in some cases discounts to CCV members.

CCV is committed to ensuring member satisfaction with the activities and services provided. CCV, however, will not under any circumstance assume any direct or indirect responsibility or liability in connection with services contracted for by members with third-party providers identified by CCV.

Member Recruitment and Acceptance/Declination Policy

Capital City Village, its staff, board, and committees, make no promises, guarantees or declarations regarding terms of services or delivery of service beyond those outlined in the membership agreement and/or CCV official public documents. Each potential member must be advised of membership fees, methods of payment available, anonymity regarding membership fee paid, and the process for applying including the review of each application, prior to completing the membership agreement.

Capital City Village reviews every application for membership upon receipt. Every membership will be deemed provisional until the Membership Committee or staff have visited in person by phone and/or at home (also known as a "home visit") with the individual/household who is applying for membership. Capital City Village has the final right of acceptance or refusal of any applying member.

Upon acceptance of membership, the member will be contacted by the Capital City Village office via phone, email or letter with an official confirmation and welcome outlining details of membership, including but not limited to: fee paid, how to request services, the limit of 2 services available per week dependent on volunteer participation, the events calendar, receiving the newsletter, requesting provider referrals.



Capital City Village reserves the right to terminate the membership of any individual or household including but not limited to any of the following circumstances: the individual/household is not living independently; the individual/household has moved out of CCV's scope (Austin, TX address); CCV determines the individual/household requires services beyond the scope that CCV can provide; and/or the individual/household will require more than 2 services per week in order to continue to live at home and has no other means to secure these services outside of Capital City Village. All terms and policies are subject to change.

Agreement: In order for Capital City Village to assess and evaluate its members' needs and levels of

satisfaction, I authorize service provide CCV reserves the right to be in touch w arise. INITIAL HERE: (Member 1	ith a member's	cont	act perso		
As a Capital City Village member to the Capital City Village from all responsibilit (ii) I agree to hold Capital City Village ha (including without limitation, reasonabl brought by or through me, including bu INITIAL HERE: (Member 1)	y or liability for armless from an e attorney's fee t not limited to	servi d aga es) ari	ces rend ainst any ising in co	ered by any se cost, expense onnection wit	ervice providers, and s or damages h any and all claims
I have read the above carefully and I am conditions described. Applicant Information:	n pleased to bed	come	a memb	er of CCV und	ler the terms and
Member 1: Name:			Date o	f Birth (mm/d	d/yyyy):
Home Phone:			Email:		
Mobile Phone: Preferred method(s) of contact:	Email	Pł	none	Text	Mail
Member 2: Name:			Date of	Birth (mm/dd	/yyyy):
Home Phone: Mobile Phone:			Email:		
Preferred method(s) of contact:	Email	Pho	one	Text	Mail



Residence Information:	
Street Address:	
City:	Zip Code:
Live in your home/apartment alone?	Home Type:
How many years have you lived in the neighborh	nood?
Pets?	
Do you still drive?	Do you have a vehicle?
Current Health:	
Member 1:	Member 2:
Mobility issues:	Mobility issues:
Specific Needs (i.e. vision or hearing impaired):	Specific Needs (i.e. vision or hearing impaired):
Emergency Contact 1:	Emergency Contact 2:
Full Name:	Full Name:
Relationship:	Relationship:
Phone Number:	Phone Number:
Address:	Address:



Village Directory:				
I am interested in being in the Village Directory. My name, phone number, and email will be available to participating members: Yes No				
May we use your name and likeness (photo) in Capital City Village promotional materials, including but not limited to newsletters, websites, postcards, brochures and other advertisements? PLEASE EMAIL your photo to info@capitalcityvillage.org. Thank you!				
Village Interests:				
Capital City Village wants to proceed can develop programs and eve	ovide innovative programs and event nts that fit your lifestyle.	s. Please circle your interests so we		
Arts/Crafts	Group volunteering	Theater/Dance		
Books/Literature	Health/Wellness/Exercise	Travel		
Computers/Technology	Lecture/Discussion	Intergenerational Activities		
Concerts/Music	Museums/Exhibits	Other Activities (please specify)		
Cooking/Dining Out	Outdoor Recreation			
Volunteer Needs:				
Capital City Village wants to pro Please circle all that apply.	ovide services and resources that me	et your current and future needs.		
Driving/Transportation	Home maintenance	Technology-Device Assistance		
Yard Care	Companionship	Health advocacy/assistance		
Pet care/walking				



Additional Information:

Are you currently receiving any home health services?					
Are you a veteran?	Are you a veteran?				
Are you interested in becoming a Capital City Village volunteer?					
•	·	eers to expand financial and in-kind It as much as you feel comfortable.			
Do you Use? (circle all that apply) Facebook Instagram Nextdoor	Grocery Store(s)	Primary Doctor / Clinic			
Bank/Financial Institution(s)	Favorite Restaurant(s)	Pharmacy			
Car Dealership/ Servicer	Eye Doctor/ Clinic	Home Service Providers (AC/ Plumber/ Electrician etc.)			
Place of Worship	Other Organizations in which you are active. i.e., Neighborhood, Professional Retired, Civic or Social Clubs				
Reasons for Joining:					
Additional Reasons you are joi	ning Capital City Village.				
How did you hear about the C	apital City Village?				



Payment Information:

Village membership fees may be paid via cash, check, automatic bank draft or credit card. Please make checks out to **CAPITAL CITY VILLAGE**. Credit Card payments will incur a 3% service fee. Please complete the card information below and submit along with the application.

	Payment Frequency: MON	NTHLY SEM	I-ANNUAL	ANNUAL		
	Payment Method: CASH	CHECK	CREDIT CARD	ACH BANK DRAFT		
	Card Type: VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS		
	Name on Card:					
	Number:					
	Date of Expiration:		Security Code:			
Fo	For ACH Bank Draft ONLY:					
	Routing Number:					
	Account Number:					

Member Agreement:

I affirm the accuracy of the information provided on this form. I recognize the need for an annual renewal and Village evaluation, including updating of critical information, plus payment of an annual fee. I grant Capital City Village's permission to contact the above specified emergency contact. Having read the above and additional documents carefully, I am pleased to become a Member of Capital City Village. Please see the Member Handbook for additional explanation of benefits, member bill of rights, and member confidentiality agreement.

Signature of Member 1:	Date:
Signature of Member 2:	Date:
Signature of Village Staff:	Date:

Completed Applications:

Completed applications <u>with payment attached (cash/check) or information provided (credit card/ACH bank draft)</u> may be returned by mail or in person. Please be sure to include initials/signatures on all copies where indicated. Once an application is received by the office, a staff or Membership Services committee member will be in touch by phone or email to confirm its receipt.