

# Capitol Hill Village

## Membership Application Packet

*2019*



725 8<sup>th</sup> ST SE  
Washington DC 20003  
(202) 543-1778  
[www.capitolhillvillage.org](http://www.capitolhillvillage.org)  
[info@capitolhillvillage.org](mailto:info@capitolhillvillage.org)

## Application Packet Guide:

Thank you for your interest in becoming a Capitol Hill Village Member! We are excited to get to know you. Please complete the steps below and contact us with any questions.

**STEP 1:** Take a moment to review the following:

- Overview of Capital Hill Village
- Choosing the Right Type of Membership Document

**STEP 2:** After you decide what type of membership you are interested in, please review and complete the appropriate documents:

Social Member Applicant:	Regular Member Applicant:	Subsidized Member Applicant:
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Membership Application</b> (to sign and return)</li> <li><input type="checkbox"/> <b>Volunteer Application</b> (<i>optional</i> - most of our volunteers are members!)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Membership Application</b> (to sign and return)</li> <li><input type="checkbox"/> <b>Care Services Authorization Form</b> (to sign and return)</li> <li><input type="checkbox"/> <b>Volunteer Application</b> (<i>optional</i>)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Membership Application</b> (to sign and return)</li> <li><input type="checkbox"/> <b>Care Services Authorization Form</b> (to sign and return)</li> <li><input type="checkbox"/> <b>Income Verification Form</b> (to sign and return)</li> <li><input type="checkbox"/> <b>Volunteer Application</b> (<i>optional</i>)</li> </ul>

**STEP 3:** Please submit your application and supplemental documents (if applicable) and we will be in touch with you shortly!

Documents can be mailed to our office or emailed:

**Mailing Address:** 725 8<sup>th</sup> Street, SE, 2<sup>nd</sup> Floor, Washington, DC 20003

**Email Address:** [emma@capitolhillvillage.org](mailto:emma@capitolhillvillage.org)

## OVERVIEW OF CAPITOL HILL VILLAGE

Founded in 2007, Capitol Hill Village (CHV) is a community-based group that supports aging on Capitol Hill. We serve older adults to ensure they can stay **socially engaged, continually learning, safe and connected**. This is achieved through the work of a few staff and hundreds of volunteers. Our members and volunteers design and implement events and programming, and our volunteers help members with activities like driving, household tasks, and technology troubleshooting.

Currently, CHV:

- Reaches over 800 seniors a year
- Has 500 active members
- Engages over 330 volunteers a year

### **Activities and Services: What Do We Offer Members?**

**Social Activities:** CHV has over 500 social, cultural, and fitness activities a year including book clubs, walking groups, restaurant, games, and music and theater groups. All social activities are designed, planned and managed by our members and volunteers.

**Educational Programs:** CHV holds over 60 educational programs a year, ranging from current events lectures, technology trainings, health and fitness activities, creative expression, and more. Formats are as varied as the topics ranging from lectures, to group learning to one-on-one trainings.

**Wellness Programs:** Yoga, Tai Chi, Qi-Gong, Meditation, Balance Classes, and walking groups – from one for persons using walkers and canes to one for urban hikers, going six miles a day. We conduct between 4-8 wellness activities a week.

**Volunteer Opportunities:** Members get access to a range of meaningful volunteer opportunities, including:

- Village Connections: volunteers are trained to work one-on-one with frail seniors to check in on them or run errands.
- Provide transportation to appointments or medical notetaking for members.
- Rake leaves, shovel sidewalks, move furniture, provide a spare set of hands to support a senior around the house.
- Advisory Corps: this group advocates for research and solutions around aging issues such as needs for one-level housing, nearby rehabilitative services, transportation, etc.

**Volunteer Services:** Regular Members can receive volunteer services to help with household tasks, transportation, health advocacy and more. CHV provides more than 5,000 hours of volunteer services a year.

**Care Services:** CHV has two social workers who provide resources and referrals to Regular Members around health, housing, rehabilitative services. We also coordinate care and services for homebound and sick members. We provide Care Services to about 100 seniors across the community. (Note: After 90 days, new members are eligible to receive Care Services.)

**Vetted Vendors:** CHV has a list of service providers that includes everything from plumbers, to window washers, to seamstresses, to furniture refinishers, to housecleaners. All vendors have been researched, vetted and are senior-friendly. We provide referrals to help reduce victimization of seniors and ensure considerate services.



## Choosing the Right Type of Membership

CHV offers different membership types depending on services desired as well as income level. Consider the following when choosing which type you'd like to apply for:

- **Social Membership:** is for those who wish to participate in ALL of CHV's educational and social programs. Your membership fee is considered a donation, and therefore may be fully tax deductible.
  - Note: Social members do not get access to services from staff, volunteers and vetted vendors. That said, social members can ask to become regular members at any time.
- **Regular Membership:** is for those who wish to participate in ALL of CHV's education and social programs AND get access to the full range of staff, volunteer and vetted vendors services.
- **Subsidized Membership:** is for those who wish to receive all services available to regular members and who qualify for subsidized membership. This is available for those who meet annual income requirements. (We do not consider total assets, such as home ownership.)
- **Urgent Membership:** is for those who need intensive care services urgently but have not previously been members. Applicants are assessed on a professional wellness scale to determine if CHV can meet their needs.

Membership Types – Services Available & Pricing							
Services					Fee Structure		
Social Activities	Educational Programs	Vetted Vendors	Care Services	Volunteer Services	Membership Type	Yearly	Monthly
<b>Social Membership</b>							
☑	☑			Tax Deductible →	Individual	\$625.00	\$55.00
					Household	\$925.00	\$80.00
<b>Regular Membership</b>							
☑	☑	☑	☑	☑	Individual	\$625.00	\$55.00
					Household	\$925.00	\$80.00
<b>Subsidized Membership</b>							
☑	☑	☑	☑	☑	Individual < \$37,000	\$125.00	\$12.00
					Individual < \$48,000	\$225.00	\$20.00
					Household < \$43,000	\$175.00	\$15.00
					Household < \$55,000	\$325.00	\$28.00
<b>Urgent Membership</b>							
☑	☑	☑	☑	☑	Individual	\$900.00	\$78.00
					Household	\$1350.00	\$115.00

## Membership Application: Person #1

**Membership Type:**  Regular  Urgent  Social  Subsidized

**Enroll as:**  Individual  Household

**How did you hear about Capitol Hill Village?** \_\_\_\_\_

**What are your primary interests in joining the Village?** (check all that apply)

- Make new connections/friends
- Attend social, wellness, & educational events
- Volunteer opportunities
- Network of volunteer helpers (available to Regular Members & Membership Plus)
- Case management & referral services (available to Regular Members & Membership Plus)
- Interested in supporting CHV financially

CONTACT INFORMATION:		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Date of Birth</b> (mm/dd/yyyy):	
<b>Address:</b>	<b>City/State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Do you regularly check email:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<b>Email Address:</b>
<b>How would you like to receive Newsletter/weekly emails:</b> <input type="checkbox"/> Email <input type="checkbox"/> Paper <input type="checkbox"/> Both		

BASIC INFORMATION:
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married/Partnered <input type="checkbox"/> Widowed/ Divorced
<b>Faith:</b> <input type="checkbox"/> Jewish <input type="checkbox"/> Catholic <input type="checkbox"/> Baptist <input type="checkbox"/> Protestant <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Other <input type="checkbox"/> No response
<b>Ethnicity:</b> <input type="checkbox"/> African-American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Euro-American/ White <input type="checkbox"/> Bi/Multiracial <input type="checkbox"/> Other: _____ <input type="checkbox"/> No response
<b>Income/Assets:</b> <input type="checkbox"/> <\$50K <input type="checkbox"/> \$50K- \$100K <input type="checkbox"/> \$100K+ <input type="checkbox"/> No response

<b>Home Style:</b> <input type="checkbox"/> Apartment/ Condo <input type="checkbox"/> Single Family		<b>Years you have lived on Capitol Hill:</b> _____	
<b>Pets:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Weapons/Firearms in the Home:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SPECIAL NEEDS/ HEALTH INFORMATION:</b>			
<b>Special Needs:</b> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Mobility Device <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Low Vision <input type="checkbox"/> Service Animals <input type="checkbox"/> Problems with Stairs <input type="checkbox"/> Use/ Want Companion Support			
<b>Home Accessibility Challenges:</b> <input type="checkbox"/> Stairs <input type="checkbox"/> Bathroom <input type="checkbox"/> Other: _____		<b>Do you Drive:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Primary Care Doctor:</b>		<b>Insurance:</b>	
<b>Hospital in Case of Emergency:</b>			
<b>Health Care Directives:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name:</b>		<b>Advanced Power of Attorney:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name:</b>	

<b>EMERGENCY CONTACT INFORMATION:</b>			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Relationship to the Applicant:</b>		<b>Email Address:</b>	
<b>Address:</b>		<b>City/State:</b>	<b>Zip:</b>
<b>Phone Number:</b>		<b>Do they have a key to the house?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>AFFINITY GROUPS YOU WOULD LIKE TO JOIN:</b>			
<b>MONTHLY EVENTS</b>			
<input type="checkbox"/> <b>Caregivers Support Group:</b> To learn about caring for others		<input type="checkbox"/> <b>Purls of Wisdom:</b> Needlework Group	
<input type="checkbox"/> <b>Cinephiles Club:</b> Monthly discussions of recent films		<input type="checkbox"/> <b>Theater Group:</b> Attend and discuss local shows	
<input type="checkbox"/> <b>Dinner Party:</b> Dinners and lunches with other members		<input type="checkbox"/> <b>Travel Club:</b> Travel or listen to stories about traveling	

<input type="checkbox"/> <b>History/Biography Book Club:</b> Meet every six weeks	<input type="checkbox"/> <b>Urban Walkers:</b> Walking group to see the sights
<input type="checkbox"/> <b>Literary Club:</b> Discussion of book, play or poem of the month	<input type="checkbox"/> <b>Village Opera Society:</b> For enthusiast or those who want to learn more
<input type="checkbox"/> <b>Meet, Walk, View, Eat:</b> Walk to National Gallery, view art, and eat lunch	<input type="checkbox"/> <b>Wise Guys:</b> Men's Group
<input type="checkbox"/> <b>Potluck Dinner:</b> Bring your best dishes to feed the crowd	
<b>WEEKLY EVENTS</b>	
<input type="checkbox"/> <b>Easy Strollers:</b> Walk through Congressional Cemetery	<input type="checkbox"/> <b>Qi Gong:</b> A gentle, powerful Chinese movement exercise
<input type="checkbox"/> <b>Games and Puzzles:</b> Hosted at Labyrinth Games and Puzzles	<input type="checkbox"/> <b>"Second Wind" Chorus:</b> Choir with a master musician/chorister
<input type="checkbox"/> <b>Mahjong:</b> Chinese game, similar to rummy	<input type="checkbox"/> <b>Social Bridge:</b> Play or Learn Bridge
<input type="checkbox"/> <b>Meditation:</b> Meditation session and discussion	<input type="checkbox"/> <b>Tai Chi:</b> Chinese Martial Arts
<input type="checkbox"/> <b>Petanque:</b> French game of boules, similar to bocce	

**CHV PHOTO RELEASE**

*I grant to Capitol Hill Village, its representatives and employees the right to take photographs of me and my property in connection with CHV events, groups, and activities. I authorize Capitol Hill Village, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.*

*I agree that Capitol Hill Village may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.*

***I have read and understand the above:***

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Organization Name (if applicable):** \_\_\_\_\_

**Signature, parent or guardian (if under age 18):** \_\_\_\_\_

## Membership Application: Person #2

**Membership Type:**  Regular  Urgent  Social  Subsidized

**Enroll as:**  Individual  Household

**How did you hear about Capitol Hill Village?** \_\_\_\_\_

**What are your primary interests in joining the Village?** (check all that apply)

- Make new connections/friends
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- Volunteer opportunities
- Network of volunteer helpers (available to Regular Members & Membership Plus)
- Case management & referral services (available to Regular Members & Membership Plus)
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CONTACT INFORMATION:		
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<b>Address:</b>	<b>City/State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Do you regularly check email:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Email Address:</b>	
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***I have read and understand the above:***

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Organization Name (if applicable):** \_\_\_\_\_

**Signature, parent or guardian (if under age 18):** \_\_\_\_\_



The Key to Your Community

**Katie Garber**  
Director of Volunteer and Care Services  
725 8<sup>th</sup> Street SE  
Washington DC, 20003

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## Person #1: CHV Authorization Care Coordination

Capitol Hill Village's (CHV) professional staff is available to assist members with short-and-long term care navigation and coordination services. In order for CHV's professional staff to perform this function they may need to receive or share information with your physician, hospital or other health or service provider. CHV may also need to receive or share such information with other people, such as family members, personal caregivers, partners, or close friends. Such personal health information may include, e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number. In performing this care coordination/care navigation function, CHV professional staff may speak or exchange written information with health care providers, such as physicians, hospital, home health care, skilled nursing facility providers.

By signing below, I hereby authorize individuals and/or institutions to release to CHV any and all information related to my health.

This authorization does not apply to information related to (valid if blank):

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I understand that CHV and any health care or other direct service providers are independent entities and that no party is responsible for acts of omission or commission by the other, nor is CHV responsible for provision or directing the provision of services. The care coordination services offered by CHV are designed to communication among the CHV member (designated representatives) and service providers. I also understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to accept care coordination services. My refusal of care coordination services will not affect my ability to receive other services from CHV.

In addition to the other powers granted by this document, I grant to CHV and its employees and agents the power and authority to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and its regulations (HIPAA) during any time that CHV is exercising authority under this document.

Pursuant to HIPAA, I specifically authorize CHV to request, receive and review any information regarding my physical or mental health, including without limitation all HIPAA protected health information, medical and hospital records; to execute on my behalf any authorizations, releases, or other documents that may be required in order to obtain this information and to consent to the disclosure of this information. I further authorize CHV to execute on my behalf any documents necessary or desirable to implement the health care decisions that my HIPAA personal representative is authorized to make under this document.

By signing this document, I specifically empower and authorize my physician, hospital or health care provider to release any and all medical records to CHV, its employees and its agents.



The Key to Your Community

**Katie Garber**  
Director of Volunteer and Care Services  
725 8<sup>th</sup> Street SE  
Washington DC, 20003

This authorization shall remain in effect until withdrawn by written request to CHV. *I understand that I have the right to revoke this authorization, except to the extent the custodian of records has relied on it, by sending a written request to: CAPITOL HILL VILLAGE, 725 8<sup>th</sup> St SE, 2<sup>nd</sup> Fl. Washington, DC 20003.*

CHV may withdraw care coordination services, upon provision of prior written notice to the member (the member's authorized representative) when, in the sole opinion of CHV's administration, CHV is not able to meet the needs of the member for reasons that may include, advanced complexity of the member's needs; failure to comply with CHV policies or procedures; concerns about member, staff or volunteer safety.

By signing below, I represent and warrant that I have authority to sign this document.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Person #2: CHV Authorization Care Coordination

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By signing below, I hereby authorize individuals and/or institutions to release to CHV any and all information related to my health.

This authorization does not apply to information related to (valid if blank):

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I understand that CHV and any health care or other direct service providers are independent entities and that no party is responsible for acts of omission or commission by the other, nor is CHV responsible for provision or directing the provision of services. The care coordination services offered by CHV are designed to communication among the CHV member (designated representatives) and service providers. I also understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to accept care coordination services. My refusal of care coordination services will not affect my ability to receive other services from CHV.

In addition to the other powers granted by this document, I grant to CHV and its employees and agents the power and authority to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and its regulations (HIPAA) during any time that CHV is exercising authority under this document.

Pursuant to HIPAA, I specifically authorize CHV to request, receive and review any information regarding my physical or mental health, including without limitation all HIPAA protected health information, medical and hospital records; to execute on my behalf any authorizations, releases, or other documents that may be required in order to obtain this information and to consent to the disclosure of this information. I further authorize CHV to execute on my behalf any documents necessary or desirable to implement the health care decisions that my HIPAA personal representative is authorized to make under this document.

By signing this document, I specifically empower and authorize my physician, hospital or health care provider to release any and all medical records to CHV, its employees and its agents.



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By signing below, I represent and warrant that I have authority to sign this document.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Subsidized Membership: Capitol Hill Village Income Certification Form

Thank you for your interest in applying (re-applying) for Capitol Hill Villages' Subsidized Membership Program! This program supports those community members with the greatest financial need. Because we have limited funds available, we want to make sure these funds are allocated appropriately. Accordingly, please provide the following information so that we can best understand your financial situation, and thereby determine what the appropriate annual cost of membership should be for you. CHV retains the right to make final eligibility determinations.

Are you: \_\_\_ single \_\_\_ married \_\_\_ living with a domestic partner \_\_\_ living with a child/dependent

### You qualify for Subsidized Membership if you answer YES to any of the following:

1. Do you receive ONLY Medicaid (NOT Medicare) or BOTH Medicaid and Medicare? \_\_\_ Yes \_\_\_ No
2. Do you receive SSI (Supplemental Security Income)? \_\_\_ Yes \_\_\_ No
3. Do you receive SNAP (i.e. food stamps)? \_\_\_ Yes \_\_\_ No
4. Do you live in DC public housing or federally subsidized housing? \_\_\_ Yes \_\_\_ No

If you answered 'yes' to one or more of the above questions 1-4, skip questions 5-10.

**Please provide a copy of evidence of participation in the program(s) you have answered 'yes' to.**

### Alternatively, you qualify for Subsidized Membership if your total income is less than the income brackets below:

Total Income	Yearly CHV Fee	Monthly CHV Fee
Individual < \$37,000	\$125.00	\$12.00
Individual < \$48,000	\$225.00	\$20.00
Household < \$43,000	\$175.00	\$15.00
Household < \$55,000	\$325.00	\$28.00

Please provide the following information for the most recent tax year, for the person or people in your household (if applicable) using your filing **Form 1040** as reference.

- Year 20\_\_
5. Do you own any rental property or secondary residences? (Line 17) \_\_\_ Yes \_\_\_ No
  6. Total Social Security benefits and/or Social Security Disability benefits (Line 20) \$ \_\_\_\_\_
  7. Total annual income received from tax exempt bonds, annuities or other tax-exempt sources (Line 22) \$ \_\_\_\_\_
  8. Net rental property income before deducting depreciation, amortization, and passive losses \$ \_\_\_\_\_
  9. Other annual income not included in adjusted gross income (Please specify): \_\_\_\_\_ \$ \_\_\_\_\_
  10. Combined total from lines 5 through 9 \$ \_\_\_\_\_

**Please attach a copy of the first page of your tax returns from the most recent tax year (Form 1040).**

I, \_\_\_\_\_ (Name), certify that the above is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All information submitted to CHV will be kept confidential and will only be seen by CHV staff.

\_\_\_\_\_  
Approved by: Molly Singer, Executive Director

\_\_\_\_\_  
Date

Please contact CHV at 202-543-1778 if you have any questions or concerns about any of the information requested.

## CAPITOL HILL VILLAGE Volunteer Application

Name:	Date:
Phone:	Alternate Phone:
Address:	
Email:	
Preferred Method of Contact between 9:00 am and 5:00 pm:	
How did you hear about Capitol Hill Village?	

### **Volunteer Opportunities\***

\* Volunteer Opportunities are listed according to the frequency of member requests

**Please note your availability in the area(s) of interest to you:**

Member Services	Availability (days, times, etc.)
<b>Transportation:</b> drive a member to an appointment or event	
<b>Office Services and Support at the CHV Office:</b> answering phones, filling service requests, preparing mailings in our office, data input and data analysis using Excel, Access, preparing correspondence in Word	
<b>Shopping/Errands:</b> grocery shopping, prescription pick-up, deliveries to the post office	
<b>Light Home Maintenance:</b> change light bulbs, hang pictures, conduct minor repairs	
<b>Computers and Electronics:</b> set up and troubleshooting for computers, TVs, phones, etc.	
<b>Gardening:</b> (outdoor services) plant, water, or weed in gardens of members; sweep walks, shovel snow at members' homes	
<b>Pet Care:</b> feed and/or walking pets while member is away or during hospital stay	
<b>Friendly Visiting:</b> visit with members socially in their homes, in the neighborhood, or during a hospital stay	
<b>Village Connections:</b> Ideal for volunteers who are interested in friendly visiting primarily. You will be matched to a member who you'll visit on an ongoing basis. CHV Staff will share more information on this program once you submit this application.	
<b>Medical Advocacy:</b> attend medical appointments with member and help him/her communicate with physician	
<b>Organizing:</b> helping to organize paperwork, closets, cabinets	
<b>Re-Arrange Furniture:</b> move furniture around a member's home, flip mattresses, move rugs	
<b>Tax Assistance:</b> help members to file taxes or prepare paperwork to file	
<b>Financial Advising:</b> assist with bill paying, budgeting, organizing paperwork	
<b>Food Preparation:</b> prepare meals for member over a short-term period of time, conduct cooking lessons	
<b>Social Events &amp; Educational Programs:</b> give us your ideas for new CHV events, coordinate and manage events	
<b>Writing/Proofing:</b> write for the newsletter, grants, manuals and other CHV documents	
<b>Your Talents:</b> Do you have a talent that you think would be helpful to CHV? Tell us about it!	

*For more information contact Capitol Hill Village:*

Phone: 202-543-1778

Email: [info@capitolhillvillage.org](mailto:info@capitolhillvillage.org)

Mail: 725 8th Street SE Unit#2, Washington, DC 20003



# Permission for Background Check for ALL Volunteers

## *Disclosure*

In considering you for volunteering, Capitol Hill Village will request and rely upon a criminal background check (consumer report) about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc. Under the Fair Credit Reporting Act (FCRA), before Capitol Hill Village can obtain a criminal background check about you for volunteer purposes, we must have your written authorization. In the case that we deem you ineligible for volunteer activities, in whole or in part, based on information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## *Authorization*

I, \_\_\_\_\_, authorize Capitol Hill Village to conduct a background check to determine my eligibility for volunteering and, if necessary, to conduct a motor vehicle record check in the jurisdiction that issued my current driver's license to determine my eligibility to be a volunteer driver. I understand that this page, containing my permission to perform a background check investigation into my driving record will be retained for five years and will be furnished to proper authorities in the jurisdiction that issued my license upon request. I also agree that this Disclosure and Authorization in original, faxed, photocopied or electronic form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Capitol Hill Village.

## **PERMISSION GRANTED:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Any other names used in the past: \_\_\_\_\_

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

**\*\*Only Complete the Following if would like to Provide Volunteer Transportation\*\***

\_\_\_\_\_  
**If Driving:** Driver's License Number

\_\_\_\_\_  
**If Driving:** State of Issue

Where are you willing to drive (i.e. Capitol Hill, Metro Area, Anywhere):

\_\_\_\_\_  
How often would you like to serve as a volunteer driver (i.e. weekly, monthly, other):

\_\_\_\_\_  
What type of vehicle do you drive? \_\_\_\_\_

Can you accommodate a wheelchair?        YES        NO

**CAPITOL HILL VILLAGE**

**FOR ALL VOLUNTEERS—CONFIDENTIALITY AND LIABILITY FORM**

As the result of your volunteer functions with CHV, you may acquire and have access to confidential information belonging to CHV or about CHV members or volunteers or potential members or volunteers. This includes matters such as CHV’s personnel information, member/client information and documents, suppliers, procedures, prospect names, business opportunities, confidential reports, business plans, donor lists, development strategies, member, volunteer or customer lists and contracts, as well as other information specific to CHV or to its members or volunteers.

As a condition of your volunteering, you must and hereby do agree that all such information is the exclusive property of CHV, and you will not at any time disclose to anyone, except in the responsible exercise of your volunteer role, any such information whether or not it has been designated specifically as “confidential.”

**I, \_\_\_\_\_, agree to abide by the CHV Confidentiality policy at all times, to notify the CHV Director of Volunteer and Social Services (DVSS) or the Executive Director (ED) if I have questions about how to administer this confidentiality policy or if I am aware of a breach or a potential breach of this policy.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CAPITOL HILL VILLAGE MEMBER NOTICE: IMMUNITY FROM CIVIL LIABILITY FOR VOLUNTEER OF A CORPORATION – DISTRICT OF COLUMBIA’S GOOD SAMARITAN LAW**

**What You Need to Know About Being Liable for Your Volunteering Activities**

If there is one thing it seems we can all agree on, it’s that volunteering is a good thing to do. We feel it on a personal level, and both the District and the federal government have passed laws that limit the civil liability of people who volunteer with nonprofits to help encourage volunteerism.

Under District law, a volunteer will only be held liable for their willful misconduct, a crime, and an action that resulted in some improper money-valued gain. That last one makes sure that Directors and Officers of nonprofits remain liable. Essentially, what this law does is make volunteers immune from liability for their negligent, and even grossly negligent, actions taken while volunteering. You can find this code section by plugging “D.C. Code § 29-406.90” into your preferred browser.

Here is something grossly negligent: Pouring buckets of water on the sidewalk in below freezing weather, to clean them. As a volunteer with a local nonprofit you wanted to get that sidewalk shining for your elderly neighbors who loves cleanliness. However, you create an ice rink and someone falls and breaks their leg. You are NOT liable. The nonprofit you were so assiduously cleaning the walks with is liable, but you will be held not liable by law. Now, had you poured water on the sidewalks with the purpose of making them treacherous and leg-threatening, then yes, you can be held liable for that willful misconduct. See the difference? Also, if you went outside on your own, unaffiliated with that local nonprofit, you would also be liable.

Here is what you need to know about what a qualifying nonprofit is. First of all, the nonprofit must be exempt from federal taxation under section 501(c)(3) of the tax code. If it is, then ask does this nonprofit have annual total functional expenses, exclusive of federal grants and allocations, **of less than \$100,000**. If the answer is yes, you’re out of excuses and you should grab your rake/hammer/mop and get to it. If the answer is no, they have functional expenses **greater than \$100,000**, then you must ask if they carry insurance covers an individual claim to \$200,000 and \$500,000 per total claims that arise from the same incident. If the answer to that question is no, then recommend a good insurance salesperson to them, and find another nonprofit to volunteer with.

**Short and Sweet:** Volunteer through a registered 501(c)(3) nonprofit that is either small and local, or large and well-insured, and you will not be liable for any damages that happen as a result of your negligent, or even grossly negligent, actions.

**I, \_\_\_\_\_, have been informed and acknowledge that Capitol Hill Village volunteers are not civilly liable for any damages or injuries while serving as a volunteer for Capitol Hill Village, except for injuries and damages caused by actions specifically outlined under § 29-406.90 of the DC Code.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CAPITOL HILL VILLAGE**  
**RELEASE AND WAIVER OF LIABILITY -- PLEASE READ CAREFULLY!**

Emergency Contact Information for \_\_\_\_\_ (Your Name) Date \_\_\_\_\_

In case of an emergency, contact:

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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

Phone day: \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

E - mail: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

Phone day: \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

E - mail: \_\_\_\_\_

Any allergies, medications, or other information needed in an emergency:

\_\_\_\_\_ This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor Capitol Hill Village (CHV), a nonprofit corporation, and its directors officers, employees, and agents. The Volunteer desires to work as a volunteer for CHV and engage in the activities selected by the Volunteer on the Volunteer Application (the "Activities"). The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless CHV and its successors and assigns from any and all liability, claims, and demands of whatever kind, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities, including claims related to bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities, whether caused by the negligence of CHV or its officers, directors, employees, or agents or otherwise.

Volunteer also understands that CHV does not assume any responsibility for or obligation to provide financial assistance or other assistance including, but not limited to, medical, health, or disability insurance in the event of injury or illness. Volunteer expressly and specifically assumes the risk of injury or harm in the Activities, and releases CHV from all liability for injury, illness, death, or property damage. The Volunteer understands that CHV does not carry or maintain health, medical, worker's compensation or disability insurance coverage for any Volunteer.

**Photographic Release.** Volunteer hereby grants CHV all right, title, and interest in any and all photographic images and video or audio recordings made by CHV during the Volunteer's Activities.

**Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the District of Columbia, shall be governed by and interpreted in accordance with the laws of the District of Columbia. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions.

**I, \_\_\_\_\_, confirm that I have reviewed and agree to the terms contained in the CHV Release and Waiver of Liability above.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_