



MEMBERSHIP CATEGORIES

725 8th ST, NE 2nd Floor
 Washington DC, 20003
 Phone: (202) 543-1778
 Web: www.capitolhillvillage.org
 E-mail: info@capitolhillvillage.org

MEMBERSHIP CATEGORIES

- **REGULAR MEMBERSHIP** - participate in ALL of CHV's education and social programs **AND includes** access to the full range of staff, volunteer and vetted (often discounted) vendors services. This includes: rides, home maintenance, fitness programs, professional home assistance and medical/social service navigation.
- **URGENT MEMBERSHIP** - individuals who need INTENSIVE care services but have not previously been members. New members are evaluated for need and assessed on a professional wellness scale to qualify

Membership Type	Services					Fee Structure	
	Social Activities	Educational Programs	Vetted Vendors	Care Services	Volunteer Services	Yearly	Monthly
Regular Membership							
Individual	☑	☑	☑	☑	☑	\$625.00	\$55.00
Household						\$925.00	\$80.00
Social Membership							
Individual	☑	☑	TAX DEDUCTIBLE			\$625.00	\$55.00
Household						\$925.00	\$80.00
Urgent Membership							
Individual	☑	☑	☑	☑	☑	\$900.00	\$78.00
Household						\$1350.00	\$115.00
Member Plus							
Individual <\$37000	☑	☑	☑	☑	☑	\$125.00	\$12.00
Individual <\$48000						\$225.00	\$20.00
Household <\$43000						\$175.00	\$15.00
Household <\$55000						\$325.00	\$28.00

- **SOCIAL MEMBERSHIP** - participate in ALL of CHV's educational and social programs but **does NOT include services** from staff, volunteers and vetted vendors. Subject to your tax advisor's opinion, Social Membership may be fully tax deductible.
- **SUBSIDIZED MEMBERSHIP** - regular membership costs are not feasible. Subsidized membership is based on annual income and not total assets (such as home ownership). Tax reports must be provided to qualify.



MEMBERSHIP APPLICATION

(Person #1)

725 8th ST, NE 2nd Floor
 Washington DC, 20003
 Phone: (202) 543-1778
 Web: www.capitolhillvillage.org
 E-mail: info@capitolhillvillage.org

Capitol Hill Village is a not-for-profit organization within the community of Capitol Hill, which focuses on the population of the elderly. We provide a vast range of services to help the elderly stay in the comfort of their own home as they go through major changes in their life as they age. However, we believe that age is just a number and so we have members of all ages. Some of the services we provide, include but are not limited to, are transportation services to appointments and other activities, referrals to professionals and volunteers, educational programs, and many social activities that you can be a part of. All the services that we provided have are through our members and for our members, therefore creating a model of neighbors helping neighbors. At Capitol Hill Village, our work is our pride and passion, and therefore we provide the highest quality of personalized service to every individual who walks through our doors. **Membership Type:** Regular Urgent Social Subsidized **Enroll as:** Individual Household

CONTACT INFORMATION:			
Last Name:		First Name:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____/____/____ (mm/dd/yyyy)	Email Address:	
Address:		City/State:	Zip:
Home Phone:		Cell Phone:	
EMERGENCY CONTACT:			
Last Name:		First Name:	
Relationship to the Applicant:		Email Address:	
Address:		City/State:	Zip:
Phone Number:		Do they have a key to the house? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**** Please Note that information is kept confidential and can only be accessed by staff at Capitol Hill Village**



MEMBERSHIP APPLICATION

(Person #1)

725 8th ST, NE 2nd Floor
Washington DC, 20003
Phone: (202) 543-1778
Web: www.capitolhillvillage.org
E-mail: info@capitolhillvillage.org

BASIC INFORMATION:

Marital Status: Single Married Widowed/
Divorced

Faith: Jewish Catholic Baptist Protestant Non-Denominational Other

Ethnicity: African-American/ Black Asian Latino/Hispanic Euro-American/ White Bi/Multiracial Other (specify): _____

Veteran: Yes No

Weapons/Firearms in the Home: Yes No

Income/Assets: <\$50K \$50K - \$100K \$100K+ No response

Home Style: Apartment/ Condo Single Family

Years you have been living at Capitol Hill: _____

Pets: Yes No

Do you use internet : Yes No

SPECIAL NEEDS/ HEALTH INFORMATION:

Special Needs: Wheelchair Mobility Device Hearing Impaired Low Vision Service Animals Problems with Stairs Use/ Want Companion Support

Home Accessibility Challenges: Stairs Bathroom Other: _____

Do you Drive: Yes No

Primary Care Doctor: _____

Insurance: _____

Hospital in Case of Emergency: _____

Health Care Directives : Yes No **Name:** _____

Advanced Power of Attorney (POA): Yes No **Name:** _____

COMMUNICATIONS

How would you like to receive Newsletter/weekly emails: Email Paper Both

Would you like to be a part of the Member Directory: Yes No (Please indicate what should be included)

Individual Name Household Names

Address

Email

Cell Number Home Number

Affinity Groups that I would like to be a part of

**** Please Note that information is kept confidential and can only be accessed by staff at Capitol Hill Village**



MEMBERSHIP APPLICATION

(Person #1)

725 8th ST, NE 2nd Floor
 Washington DC, 20003
 Phone: (202) 543-1778
 Web: www.capitolhillvillage.org
 E-mail: info@capitolhillvillage.org

AFFINITY GROUPS YOU WOULD LIKE TO JOIN: (If there are groups you would like to start, please contact CHV at (202) 543-1778)

MONTHLY EVENTS

- | | |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Caregivers Support Group: To learn about caring for others | <input type="checkbox"/> Purls of Wisdom: Needlework Group |
| <input type="checkbox"/> Cinephiles Club: Monthly discussions of recent films | <input type="checkbox"/> Theater Group: Watch shows at local venues, often followed by a dinner discussion |
| <input type="checkbox"/> Dinner Party: Dinners and lunches with other members | <input type="checkbox"/> Travel Club: Travel or listen to stories about traveling |
| <input type="checkbox"/> History/Biography Book Club: Meet every six weeks for history and/or biography books | <input type="checkbox"/> Urban Walkers: Walking group to see the sights |
| <input type="checkbox"/> Literary Club: Discussion of book, play or poem of the month | <input type="checkbox"/> Village Opera Society: For those who love opera or want to learn more |
| <input type="checkbox"/> Meet, Walk, View, Eat: Walk to National Gallery, view art, and then lunch at the Gallery | <input type="checkbox"/> Wise Guys: Men's Group |
| <input type="checkbox"/> Potluck Dinner: Bring your best dishes to feed the crowd | |

WEEKLY EVENTS

- | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Easy Strollers: Walk through Congressional Cemetery | <input type="checkbox"/> Qi Gong: A gentle, powerful Chinese movement exercise |
| <input type="checkbox"/> Games and Puzzles: Hosted at Labyrinth Games and Puzzles | <input type="checkbox"/> "Second Wind" Chorus: Choir with a master musician/chorister |
| <input type="checkbox"/> Mahjong: Chinese game similar to rummy | <input type="checkbox"/> Social Bridge: Play or Learn Bridge |
| <input type="checkbox"/> Petanque: French game of boules, similar to bocce | <input type="checkbox"/> Tai Chi: Chinese Martial Arts |

Volunteer opportunities you would like to be a part of (e.g. : Giving rides, volunteer for events, etc.):

**** Please Note that information is kept confidential and can only be accessed by staff at Capitol Hill Village**



MEMBERSHIP APPLICATION

(Person #2)

725 8th ST, NE 2nd Floor
Washington DC, 20003
Phone: (202) 543-1778
Web: www.capitolhillvillage.org
E-mail: info@capitolhillvillage.org

Capitol Hill Village is a not-for-profit organization within the community of Capitol Hill, which focuses on the population of the elderly. We provide a vast range of services to help the elderly stay in the comfort of their own home as they go through major changes in their life as they age. However, we believe that age is just a number and so we have members of all ages. Some of the services we provide, include but are not limited to, are transportation services to appointments and other activities, referrals to professionals and volunteers, educational programs, and many social activities that you can be a part of. All the services that we provided have are through our members and for our members, therefore creating a model of neighbors helping neighbors. At Capitol Hill Village, our work is our pride and passion, and therefore we provide the highest quality of personalized service to every individual who walks through our doors. **Membership Type:** Regular Urgent Social Subsidized **Enroll as:** Individual Household

CONTACT INFORMATION:

Last Name:		First Name:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: ____/____/____ (mm/dd/yyyy)	Email Address:	
Home Phone:		Cell Phone:	

EMERGENCY CONTACT:

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

BASIC INFORMATION:

**** Please Note that information is kept confidential and can only be accessed by staff at Capitol Hill Village**



MEMBERSHIP APPLICATION

725 8th ST, NE 2nd Floor
Washington DC, 20003
Phone: (202) 543-1778
Web: www.capitolhillvillage.org
E-mail: info@capitolhillvillage.org

(Person #2)

Marital Status: Single Married Widowed/
Divorced

Faith: Jewish Catholic Baptist Protestant Non-Denominational Other

Ethnicity: African-American/ Black Asian Latino/Hispanic Euro-American/ White Bi/Multiracial Other (specify): _____

Veteran: Yes No

Weapons/Firearms in the Home: Yes No

Income/Assets: <\$50K \$50K - \$100K \$100K+ No response

Home Style: Apartment/ Condo Single Family

Years you have been living at Capitol Hill: _____

Pets: Yes No

Do you use internet : Yes No

SPECIAL NEEDS/ HEALTH INFORMATION:

Special Needs: Wheelchair Mobility Device Hearing Impaired Low Vision Service Animals Problems with Stairs Use/ Want Companion Support

Home Accessibility Challenges: Stairs Bathroom Other: _____

Do you Drive: Yes No

Primary Care Doctor: _____

Insurance: _____

Hospital in Case of Emergency: _____

Health Care Directives : Yes No **Name:** _____

Advanced Power of Attorney (POA): Yes No **Name:** _____

COMMUNICATIONS

How would you like to receive Newsletter/weekly emails: Email Paper Both

Would you like to be a part of the Member Directory: Yes No (Please indicate what should be included)

Individual Name Household Names

Address

Email

Cell Number Home Number

Affinity Groups that I would like to be a part of

AFFINITY GROUPS YOU WOULD LIKE TO JOIN: (If there are groups you would like to start, please contact CHV at (202) 543-1778)

MONTHLY EVENTS

**** Please Note that information is kept confidential and can only be accessed by staff at Capitol Hill Village**



MEMBERSHIP APPLICATION

(Person #2)

725 8th ST, NE 2nd Floor
 Washington DC, 20003
 Phone: (202) 543-1778
 Web: www.capitolhillvillage.org
 E-mail: info@capitolhillvillage.org

<input type="checkbox"/> Caregivers Support Group: To learn about caring for others	<input type="checkbox"/> Purls of Wisdom: Needlework Group
<input type="checkbox"/> Cinephiles Club: Monthly discussions of recent films	<input type="checkbox"/> Theater Group: Watch shows at local venues, often followed by a dinner discussion
<input type="checkbox"/> Dinner Party: Dinners and lunches with other members	<input type="checkbox"/> Travel Club: Travel or listen to stories about traveling
<input type="checkbox"/> History/Biography Book Club: Meet every six weeks for history and/or biography books	<input type="checkbox"/> Urban Walkers: Walking group to see the sights
<input type="checkbox"/> Literary Club: Discussion of book, play or poem of the month	<input type="checkbox"/> Village Opera Society: For those who love opera or want to learn more
<input type="checkbox"/> Meet, Walk, View, Eat: Walk to National Gallery, view art, and then lunch at the Gallery	<input type="checkbox"/> Wise Guys: Men's Group
<input type="checkbox"/> Potluck Dinner: Bring your best dishes to feed the crowd	

WEEKLY EVENTS

<input type="checkbox"/> Easy Strollers: Walk through Congressional Cemetery	<input type="checkbox"/> Qi Gong: A gentle, powerful Chinese movement exercise
<input type="checkbox"/> Games and Puzzles: Hosted at Labyrinth Games and Puzzles	<input type="checkbox"/> "Second Wind" Chorus: Choir with a master musician/chorister
<input type="checkbox"/> Mahjong: Chinese game similar to rummy	<input type="checkbox"/> Social Bridge: Play or Learn Bridge
<input type="checkbox"/> Petanque: French game of boules, similar to bocce	<input type="checkbox"/> Tai Chi: Chinese Martial Arts

Volunteer opportunities you would like to be a part of (e.g.: Giving rides, volunteer for events, etc.):

**** Please Note that information is kept confidential and can only be accessed by staff at Capitol Hill Village**



capitol hill
VILLAGE

The Key to Your Community

Molly Singer
Executive Director
725 8th Street SE
Washington DC, 20003

Payment Options

If you have any questions, please feel free to call Priyanka Dinodiya or Molly Singer at (202) 543-1778.

Payment Options (Please mark "X" to the one that applies)	
<input type="checkbox"/>	Credit Card (Please fill out form below)
<input type="checkbox"/>	Check (Please make checks out to Capitol Hill Village)
<input type="checkbox"/>	Online Payment (please log on to www.capitolhillvillage.org to make your payment)

Credit Card Payment (Please fill out this information)					
Name on Card					
Credit Card Number					
Expiration Date					
Billing Address					
City		State		Zip	

Signature/ Printed Name _____ Date: _____

Note: Please return this form with your payment information in the envelope provided

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 receive or share information with your physician, hospital or other health or service provider. Such information may include: the member’s health or functional status; plans for hospital discharge or admission; the member’s support resources in the home/community or their need for assistance; insurance information; the cost of services; opportunities to improve mobility and safety in the home; and other opportunities to improve the client’s well-being and to potentially mitigate risk, etc. 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, you (your representative) are authorizing CHV and health care providers to exchange information as to support the delivery of care coordination.

I (YOUR AUTHORIZED REPRESENTATIVE) CHOOSE: **TO ALLOW** **NOT TO ALLOW**
 CHV AND HEALTH CARE OR SOCIAL SERVICE PROVIDERS TO SHARE INFORMATION TO ASSIST WITH CARE COORDINATION ON MY BEHALF. Any exceptions to the authorization are provided here:

In addition to health and social service providers, I authorize CHV to involve the following individuals (for example, family members, personal caregiver, partner, and close friend) in the care coordination process and to share information with these individuals. Other Authorized Contacts:

Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____

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.

This authorization shall remain in effect until withdrawn by written request to CHV. *You have the right to revoke this authorization, except to the extent the custodian of records has relied on it, by sending your written request to: CAPITOL HILL VILLAGE, 725 8th St SE, 2nd 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.

Applicant 1 (print) _____ Signature _____	Or Representative _____ Date _____
Applicant 2 (print) _____ Signature _____	Or Representative _____ Date _____
Applicant 3 (print) _____ Signature _____	Or Representative _____ Date _____

Capitol Hill Village Income Certification Form For Membership Plus

Thank you for your interest in applying (re-applying) for Capitol Hill Villages' Membership Plus Program; a subsidized membership program that supports those community members with the greatest financial need. Because we have limited funds available for Membership Plus subsidies and emergency funds disbursements, 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

Tax Return – Please attach a copy of the first page of your tax returns from the most recent tax year (Form 1040). If you are married filing separately or have a domestic partner or child in your household who files separately, please attach both tax returns and complete one of these forms for each individual in the household who files a separate return.

Check here if you do not file taxes

All Applicants:

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 I DC public housing or federally subsidized housing? ___ Yes ___ No

If you answered 'yes' to one or more of the above questions 1-4, you qualify for Individual Annual Dues of \$125 (if you live alone), or Household Annual Dues of \$175 (if the household has more than one resident).

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

If you replied 'no' to each question above, please provide the following information for the most recent tax year, for both and the person/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 (total determines membership dues; see table below) | \$ _____ |

Mem+	Yearly	Monthly
Individual <37000	\$125.00	\$12.00
Individual <48000	\$225.00	\$20.00
Household <43000	\$175.00	\$15.00
Household <55000	\$325.00	\$28.00

NOTE: Individual is single resident of home; Household is more than one resident of home

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.

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