



Membership Enrollment Form

Thank you for your interest in becoming a member of At Home.
Please help us serve you better by completing the following information. For further information
contact: Program Manager, Kara F. Janes, LMSW at (207) 374-5852
Email: kara.janes@downeastcommunitypartners.org

Date: _____

Personal Information

Name you go by _____	Significant Other _____
Birth Name _____	Birth Name _____
Date of Birth _____	Date of Birth _____
Street Address _____	Street Address _____
_____	_____
Mailing Address (if different) _____	Mailing Address (if different) _____
_____	_____
Town _____	Town _____
State _____ Zip _____	State _____ Zip _____
Telephone _____ Cell _____	Telephone _____ Cell _____
E-mail _____	E-mail _____
Primary Care Physician _____	Primary Care Physician _____
Power of Attorney _____	Power of Attorney _____
MaineCare Recipient? Yes or No	MaineCare Recipient? Yes or No
Are you a current smoker? Yes or No	Are you a current smoker? Yes or No
Advanced Directives? Yes or No	Advanced Directives? Yes or No

Contacts

1) Name _____	2) Name _____
Relationship _____	Relationship _____
Address _____	Address _____
Town _____	Town _____
State _____ Zip _____	State _____ Zip _____
Telephone _____ Cell _____	Telephone _____ Cell _____
E-Mail _____	E-Mail _____

Local Directions and Number on my (our) home:

Services

Please indicate which services you wish to utilize:

Guaranteed Services: *48 hour advance notice*

- Transportation to medical appointments (4 rides per month within a 60 mile radius)
- Initial home safety and accessibility assessment
- Information on local resources
- Scheduled, (twice monthly) non-emergency home health visits from a licensed health care professional for routine check-ins and help with filling medication boxes.
- Transportation to grocery store/grocery delivery(no alcohol or tobacco)

Volunteer Services: *subject to volunteer availability*

Our volunteers have a valid license, private auto insurance, background checks, and sign a confidentiality agreement.

- Friendly Phone Calls
- Library Services/reading
- Support following hospitalization
- Companionship
- Card & Letter Writing
- Shoveling, gardening
- Occasional meal preparation
- Technology support
- Small house chores & maintenance (light bulbs, smoke alarm batteries, etc.)

Referral Services:

At Home can provide contact information for local service providers that members may contract and pay directly for services:

- Home maintenance (plumbing, electrical, lawn mowing, snow shoveling, etc.)
- Household assistance (cleaning, meal prep, chores, etc.)
- Licensed bill payers
- Professional computer technicians
- Licensed home health care



At Home is a program of Downeast Community Partners



TO ENROLL AS A MEMBER AND MAKE PAYMENT:

At Home determines membership fee based on yearly income.

Annual Income: _____

Yearly Fee: _____

Start Date: _____

Please Bill: (name) _____

(address) _____

(city, state, zip) _____

Please include any information you would like to share

(Printed Name)

(Signature)

(Printed Name)

(Signature)

Please send completed enrollment form to:

***At Home
P.O Box 1184
Blue Hill, Maine 04614***



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