



CARE Program Application

Participation in the CARE Program:

This program is offered to support homeowners wishing to remain in their own homes as they age. The benefits to CARE Membership are outlined in the following chart:

	CARE Member
Annual Fee	\$200
Number of Services	5
Discounted Guardian Medical Monitoring Alert System	Yes
Eligible for City-Wide Service Days	Yes
Free Admission to Annual Senior Summit	Yes

An Individualized CARE Assessment will be completed during the application period to determine the most appropriate services needed for the applicant. Persons interested in using the program are encouraged to consult the CARE Program Service list in order to determine the Services that are most needed.

CARE Members

As a CARE Member, an annual membership fee of \$200 is required at the beginning of membership period in order to receive **FIVE** Services at no additional charge from a staff of CARE volunteers, who may be subjected to a background check. Membership perks include a discount on a Guardian Medical Monitoring Alert system, eligibility for city-wide CARE Service Days and free admission to the annual CARE Senior Summit. Additional Services are available for purchase at the cost of \$50 per Service.

A sliding scale fee for reduced membership rates is available for those whose gross household income is below 200% of the poverty guidelines and are eligible for services provided by the CARE Program. In order to be considered for the sliding scale discounts, proof of income for **all household members** will be verified during the application process. The sliding scale fee guidelines are as follows:



2018 United States Poverty Guidelines

(200% of Poverty Level)

	Yearly	Monthly
Household Size of 1	\$24,280	\$2,023
Household Size of 2	\$32,920	\$2,743

Sliding Scale Eligibility *(For less than 200% of Poverty Level)*

	185% of Poverty Level	175% of Poverty Level	150% of Poverty Level
Household Size of 1 Income	\$22,459/ year (\$1,871/ month)	\$21,245/ year (\$1,770/ month)	\$18,210/ year (\$1,517/ month)
Household Size of 2 Income	\$30,451/ year (\$2,537/ month)	\$28,805/ year (\$2,400/ month)	\$24,690/ year (\$2,057/ month)
Reduced Membership Fee	\$185	\$175	\$150

Fill out and return pages three and four to the CARE Program Coordinator by email:
mclellane@communitypartnershiponaging.org, or mail to:

CARE Program C/O Eric McLellan 1370 Victory Dr. South Euclid, OH 44121



CARE Program Applicant Information (Please PRINT all responses)

Do you own your home? _____ Yes _____ No

Please list Homeowners Insurance provider and policy number:

Provider: _____ Policy Number: _____

Information about your household:

1. Applicant:

Suffix First Name Last Name Date of Birth (MM/DD/YY)

Phone Number with area code Gender

Address City Zip Code

2. Household Member #2:

Suffix First Name Last Name Date of Birth (MM/DD/YYYY)

Phone Number with area code Gender Relationship to applicant

3. Household Member #3:

Suffix First Name Last Name Date of Birth (MM/DD/YYYY)

Phone Number with area code Gender Relationship to applicant

Number of able bodied household members under age 60 _____

Please list additional household members and their relationship to homeowner:

If you prefer to receive communication by email, please provide your email address:

Residence is: (Check all that apply)

- Single Family
- Two-Family
- Multi-Dwelling (3+ units)
- One Story Home
- Two Story Home

Is this property in Foreclosure?

- Yes
- No

Is or will this property be For Sale in the next year?

- Yes
- No

Do you have any pets living with you in the home? If yes, please list them.

In the event of an emergency, provide contact information for someone who may be notified:

Last Name

First Name

Relationship to Applicant

(_____) _____

(_____) _____

Home Phone

Cell Phone

Briefly describe any recent changes in your health or financial circumstances which have had an impact on your income: _____

How did you hear about the CARE Program?

Where do you get most of your information from? (Circle all that apply): Internet Cell Phone

Radio Email Newspaper Television Social Media (Facebook, Pinterest, LinkedIn, etc.)

Do you receive any other services in your home? (Meals on Wheels, Housekeeping, etc.) If yes, list them and how they are paid for: _____

Homeowner Signature: _____ Date: _____