

Member-to-Member Community Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

DOB: ____ / ____ / ____

Preferred Method of Communication: (choose one) Mail Email

Cell Phone: _____ Would you want to receive texts? Yes No

Home Phone: _____

Preferred Phone: (choose one) Home Cell

Preferred time to receive calls: (choose one) Morning Afternoon Evening

Preferred Spoken Language:

Cantonese/Mandarin English Russian Spanish Other _____

Preferred Language for Letters/Mail:

Cantonese/Mandarin English Russian Spanish Other _____

Emergency contact:

Name: _____ Relationship: _____ Phone: _____

Are there any special considerations we should know about you that will help us in developing our program?

Visually Impaired Deaf/Hard of Hearing/TTY user Bedbound Wheelchair User

Please add any other: _____

We are currently offering programs that do not require in-person contact with other members due to COVID-19.

Please check off all of the programs that interest you:

- | | |
|---|---|
| <input type="checkbox"/> Friendly Chats | <input type="checkbox"/> Dance & Exercise Classes |
| <input type="checkbox"/> Virtual Games | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Virtual Concerts | <input type="checkbox"/> Cooking Classes |
| <input type="checkbox"/> Chair Yoga | <input type="checkbox"/> Health Education |

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In the future, when it is once again safe for our members to come together for in-person activities, we plan on expanding the programs we offer. To help us start planning, please check off which of the following activities would be of interest to you:

- | | |
|---|---|
| <input type="checkbox"/> Grocery Delivery | <input type="checkbox"/> Translation Support |
| <input type="checkbox"/> In Person Chats | <input type="checkbox"/> In Person Games |
| <input type="checkbox"/> Neighborhood Walks | <input type="checkbox"/> Reading to the Visually Impaired |

Any other suggestions for activities? Please List Below:

Are you interested in receiving an automated call that would provide you with audio of our meditation or music sessions?

- Yes, I would like to be called with the audio from meditation or music sessions.
- No, I am not interested in receiving automated phone calls from meditation or music sessions.

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Tell Us About Yourself!

Answering these questions will help us find the best partner for your chats and will allow us to organize activities that you may enjoy in the future.

Tell us about yourself:

What do you enjoy most about your day?

Marital Status:

- Single Married Separated/Divorced Widow/Widower Domestic Partnership

Hobbies: (choose one)

- Knitting Photography Cooking Television/News Walking Boardgames
 Gardening Reading Journaling Religious Activities Music Exercise

Please list any other hobbies or provide details regarding those circled above:

Do you have any pets? Yes No If yes, what kind? _____

What kind of music do you listen to?

- Blues Jazz Country R&B Rock Disco Dance
 Latin Classical Oldies Motown

Other: _____

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Tell me about your work life: (choose one) Retired Employed Self Employed Other

What field were/are you in? _____

Answer 1 or all:

What makes you feel most accomplished? _____

What is the first thing you look for in a friend? _____

What is your personal motto? _____

What would you like to learn more about?

Are you interested in any of the following topics:

- | | |
|--|---|
| <input type="checkbox"/> Staying Mentally Sharp | <input type="checkbox"/> Caring for Loved Ones (For Caregivers) |
| <input type="checkbox"/> Staying Physically Healthy | <input type="checkbox"/> Bereavement Support |
| <input type="checkbox"/> Staying in Your Home as You Age | <input type="checkbox"/> Other (Please Fill In) _____ |
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Anti-Discrimination Statement

Elderplan/Homefirst does not discriminate on the basis of race, color, national origin, citizenship, age, disability, religion, sex, sexual orientation, gender identity or expression, marital status, or any other characteristic protected under federal, state and local law.

Disclaimers

Elderplan is a HIPAA Covered Entity and as such will not share your personal information to any third parties for commercial or non-healthcare related purposes. However, by participating in this program you may choose to share personal information with other members at your discretion. Elderplan has no control over the use or misuse of information shared by you with other members. Elderplan strongly recommends that members do not post or share private information received from other members on social media platforms.

Elderplan recommends that you check with your doctor before beginning any new physical activities.

Signature _____ Date _____

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This form can be emailed to: m2m@mjhs.org

Or printed and mailed to: MJHS Member-to-Member program
6323 7th Ave, 2nd Floor
Brooklyn, NY 11220