



@ Home Vetted Vendor Program

MEMBERSHIP INFORMATION

HOUSEHOLD INFORMATION:

Member Name

Member Name

Street

City, State and ZIP

Home Phone

E-mail

Cell Phone

Work Phone

Member Number: _____

Gender: Male _____ Female _____

Gender: Male _____ Female _____

Date of Birth: _____

Date of Birth: _____

Race-Ethnicity: _____ White, Non-Hispanic
(Optional) _____ Hispanic, Latino or Spanish
_____ Other _____

_____ White, Non-Hispanic
_____ Hispanic, Latino or Spanish
_____ Other _____

Primary Language: _____ English
_____ Other _____

_____ English
_____ Other _____

I authorize Berks Encore to talk with the emergency contact person(s) listed concerning my personal needs and health status at their request.

Member Name

Member Name

Date

Date

EMERGENCY CONTACT INFORMATION:

<hr/> <input type="text"/> Contact Name	<hr/> <input type="text"/> Relationship
<hr/> <input type="text"/> Street	<hr/> <input type="text"/> City and ZIP
<hr/> <input type="text"/> Home Phone	<hr/> <input type="text"/> E-mail
<hr/> <input type="text"/> Cell Phone	<hr/> <input type="text"/> Work Phone

Whom Do You Live With?

Spouse or Partner
 Child or other Relative
 Non-relative
 Live Alone

Do You Own or Rent?

Own
 Rent
 N/A

What Services Do You Think You Would Use?

<input type="checkbox"/> Assistance with packing and moving	<input type="checkbox"/> Bookkeeping and/or check writing
<input type="checkbox"/> Companionship	<input type="checkbox"/> Electrician Services
<input type="checkbox"/> Emergency Restoration Services	<input type="checkbox"/> General errands
<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Handyman services, including minor electrical & plumbing
<input type="checkbox"/> Home-delivered Catered Meals	<input type="checkbox"/> Home security systems/Personal Alert
<input type="checkbox"/> Home repair/home modification	<input type="checkbox"/> In-home Laboratory Testing
<input type="checkbox"/> Homemaking: light cleaning, laundry, meal preparation	<input type="checkbox"/> In-home personal care services
<input type="checkbox"/> In-home mobility and respiratory aids	<input type="checkbox"/> In-home skilled nursing care
<input type="checkbox"/> In-home rehabilitation services	<input type="checkbox"/> Landscaping maintenance
<input type="checkbox"/> Interior/Exterior painting	<input type="checkbox"/> Layout of new floor plans for home
<input type="checkbox"/> Lawn Care	<input type="checkbox"/> Organizing personal belongings
<input type="checkbox"/> Medication reminders	<input type="checkbox"/> Plumbing Services
<input type="checkbox"/> Pet Services	<input type="checkbox"/> Snow Removal
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Transportation	

How Did You Hear About Berks Encore @Home?

Word of mouth Senior Expo Radio TV
 Berks Encore News Berks Encore Website
 Other (Please specify) _____

Would You Be Interested in Volunteer Opportunities at Berks Encore?

Deliver/Pack Meals On Wheels Volunteer Tax Preparation
 Medicare Insurance Counseling Friendly Visitor
 Other (Please specify) _____



@ HOME MEMBERSHIP AGREEMENT

I / We are joining Berks Encore@Home as a member of the

_____ **Vetted Vendor Referral Program for \$75/year per household** (*payable in full at time of signing*)

Berks Encore will provide referrals and rates for vetted vendors to assist with services received in your home. We will also follow-up with you on the satisfaction with the services received.

_____ **Personal Concierge Program, Level 1 for \$400 /year** (*payable as an annual amount or 12 monthly payments*)

Berks Encore will provide one visit by a service coordinator each month to assist with determining what services are needed in your home, as well as make arrangements for needed services by our vetted vendors and follow-up on your satisfaction with the services received.

_____ **Personal Concierge Program, Level 2 for \$1200/year** (*payable as an annual amount or 12 monthly payments*)

Berks Encore will provide a visit by a service coordinator each week to assist with determining what services are needed in your home. The coordinator will make arrangements for needed services by our vetted vendors and follow-up on your satisfaction with the services received.

Terms

Annual Membership in Berks Encore @ Home begins on the first day of the month following the month in which you pay your fee, and will continue for the next twelve consecutive months. Services are provided by our list of approved providers on a fee-for-service basis. As a Berks Encore@Home member, you will contract directly with and be billed for services by the third-party providers. Providers give a minimum of one year guarantee on all work and installed products, and in many instances, reduced costs.

Agreement

In order for Berks Encore to monitor its members' needs and levels of satisfaction, I authorize third-party providers to share non-medical data with Berks Encore about the services I use. Berks Encore reserves the right to be in touch with members' contacts in case of situations of health or safety concerns. I also agree to notify Berks Encore of any problems with services rendered by a vetted vendor.

AS A BERKS ENCORE @ HOME MEMBER (i) I HEREBY RELEASE AND DISCHARGE BERKS ENCORE FROM ALL RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY ANY THIRD-PARTY PROVIDERS, AND OR CLAIMS FOR NEGLIGENT REFERRAL AND (ii) I AGREE TO HOLD BERKS ENCORE HARMLESS FROM AND AGAINST ANY COST, EXPENSES OR DAMAGES (INCLUDING WITHOUT LIMITATION, REASONABLE ATTORNEY'S FEES) ARISING IN CONNECTION WITH ANY AND ALL CLAIMS BROUGHT BY OR THROUGH ME, INCLUDING BUT NOT LIMITED TO CLAIMS BROUGHT BY MY INSURANCE CARRIER.

I have read the above carefully, and I am pleased to become a member of Berks Encore @ Home under the terms and conditions described.

PRINT Name

PRINT Name

Signature

Signature

Date

Date