

2016-2017 MEMBERSHIP BENEFITS, LEVELS & RATES

	SOCIAL MEMBERSHIP	FULL MEMBERSHIP	HOUSEHOLD MEMBERSHIP
COST	\$28.75 per month \$345 annually	\$41.25 per month \$495 annually	\$70.41 per month \$845 annually
*ANNUAL TAX DEDUCTIBLE AMOUNT	\$295	\$295	\$590
	For individuals who are interested in educational seminars and forums; social, cultural and recreational activities and connecting with other members through the online member portal.	For individuals who are interested in educational seminars and forums; social, cultural and recreational activities; connecting with other members through the online member portal; receiving services and supports provided by Ethos, its vetted vendors, volunteers or other members.	For households (2 adults) who are interested in educational seminars and forums; social, cultural and recreational activities; connecting with other members through the online member portal; receiving services and supports provided by Ethos, its vetted vendors, volunteers or other members.
BENEFITS INCLUDE			
Free subscription to the JP@Home Member Newsletter	YES	YES	YES
Invitation to annual JP@Home Reception for Members and Donors	YES	YES	YES
Unlimited access to JP@Home seminars, forums and events.	YES	YES	YES
Unlimited access to JP@Home social, cultural and recreational activities.	YES	YES	YES
Unlimited access to JP@Home Member Portal on Big Tent.	YES	YES	YES
Unlimited access to the JP@Home Members to Members section on Big Tent	NO	YES	YES
Free personalized in-home needs assessment and home safety inspection.	NO	YES	YES
Unlimited access to discounted Ethos case management services	NO	YES	YES
Unlimited access to discounted Ethos-vetted direct-care professionals.	NO	YES	YES
Unlimited referrals to pre-screened vendors and service providers.	NO	YES	YES
Free, unlimited access to long-term care options counseling and information/ referral services.	YES	YES	YES
UPGRADE FEE	\$150 for Services & Supports portion of membership + \$150 Fee.	N/A	N/A



555 AMORY STREET
 JAMAICA PLAIN, MA 02130
 T: 617.522.9042
 JPATHOME@ETHOCARE.ORG
 WWW.ETHOCARE.ORG

JP@HOME MEMBERSHIP ENROLLMENT FORM

CONTACT INFORMATION			
HOUSEHOLD MEMBER 1/ INDIVIDUAL FULL MEMBER/ SOCIAL MEMBER			
FIRST NAME:	LAST NAME:		
HOME PHONE:	MOBILE:		
DATE OF BIRTH: / /	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER		
EMAIL:			
HOUSEHOLD MEMBER 2			
FIRST NAME:	LAST NAME:		
HOME PHONE:	MOBILE:		
DATE OF BIRTH: / /	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER		
EMAIL:			
MAILING ADDRESS			
ADDRESS:		APT/SUITE #:	
CITY:	STATE: MA	ZIP CODE:	
MEMBERSHIP LEVEL			BILLING SCHEDULE
<input type="checkbox"/> Social Membership	For individuals who are interested in educational seminars and forums; social, cultural and recreational activities and connecting with other members through the member portal.	<input type="checkbox"/> \$28.75 per month (x12) <input type="checkbox"/> \$345 annually	
<input type="checkbox"/> Individual Full Membership	For individuals who are interested in educational seminars and forums; social, cultural and recreational activities; connecting with other members through the member portal; receiving services and supports provided by Ethos, its vetted vendors, volunteers or other members.	<input type="checkbox"/> \$41.25 per month (x12) <input type="checkbox"/> \$495 annually	
<input type="checkbox"/> Household Membership	For households (2 adults) who are interested in educational seminars and forums; social, cultural and recreational activities; connecting with other members through the member portal; receiving services and supports provided by Ethos, its vetted vendors, volunteers or other members.	<input type="checkbox"/> \$70.42 per month (x12) <input type="checkbox"/> \$845 annually	
3-MONTH TRIAL MEMBERSHIPS			
Trial members will be billed via credit card, on a monthly basis. Memberships will automatically convert to regular Full and Household memberships after 90 days. Members may cancel their membership any time during the 90 trial period by calling Member Services at 617-522-6700 or emailing jpathome@ethocare.org .			
<input type="checkbox"/> Trial Individual Full Membership	Trial members may cancel at any time during the first 90 days. After which the membership will automatically convert to regular Full and Household memberships for a period of 12 months total.	\$41.25 per month (x3)	
<input type="checkbox"/> Trial Household Membership	Trial members may cancel at any time during the first 90 days. After which the membership will automatically convert to regular Full and Household memberships for a period of 12 months total.	\$70.42 per month (x3)	
BILLING INFORMATION			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> CHECK ENCLOSED (PAYABLE TO ETHOS)			
CARD #:	EXPIRATION DATE:	SEC. CODE:	
NAME AS IT APPEARS ON CARD:			
BILLING ADDRESS: (IF DIFFERENT THAN ABOVE)		APT/SUITE #:	
CITY:	STATE:	ZIP CODE:	
I authorize Ethos to charge my credit card for the membership fee option selected above.			
SIGNATURE: _____		DATE: _____	



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MEMBERSHIP AGREEMENT & TERMS AND CONDITIONS

I understand that payment to Ethos of the JP@Home membership fee entitles me to the benefits and services specified in this Agreement for a period not to exceed twelve months, beginning on the date of payment and membership application are received. Payment will be verified by Ethos through the provision of a JP@Home membership card specifying the membership period.

I understand the JP@Home membership fee is non-refundable. I understand that Ethos will offer a renewal of my membership at least 30 days prior to its expiration. If a credit card billing option is selected, membership will self-renew on the annual or monthly anniversary.

I understand that JP@Home benefits and services are available only during my membership period. Ethos will notify third party providers operating under a JP@Home Memorandum of Agreement of any relevant membership expirations. I understand that this may result in price increases and/ or restrictions, up to and including termination, for services I am receiving.

I understand that JP@Home is not an emergency service or a health or home care provider. JP@Home helps members plan and coordinate in-home care in an independent, conflict-free context. While the third party providers that JP@Home recommends are vetted by Ethos, I understand they are not affiliated with Ethos in any way.

I understand I will be billed on an hourly basis for any Ethos case management services I receive. I will be responsible for payment within thirty days of receipt of Ethos invoices. I understand that failure to pay Ethos invoices in a timely manner may result in the termination of case management services.

I understand I will be billed by third party providers for other services requested through JP@Home.

I understand I will be responsible for paying for these services and resolving all billing issues with these providers. I understand my membership fee does not cover the cost of third-party services or the cost of Ethos case management services.

I understand that assistance from Ethos volunteers is based on current availability. Volunteer matches are made based on availability, member and volunteer preferences, location and other variables, as part of the placement process.

I agree that JP@Home staff may consult with representatives I designate regarding my health and safety. I agree that JP@Home staff may discuss with third party providers non-medical issues, concerns or needs. I understand JP@Home will respect my wishes regarding confidentiality. I understand my right to self-determination will be upheld.

I agree that payment of the JP@Home membership fee (i) releases and discharges Ethos from all responsibility or liability for services rendered by any third-party provider and (ii) holds Ethos 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 the member, including but not limited to claims brought by the member's insurance carrier.

I understand that benefits for the Individual Social Membership are limited and that I will be assessed an additional \$150 for the Services & Supports portion of the membership, plus a \$150 upgrade fee, if changing membership levels in between renewal periods. In addition, I understand that my membership contract will automatically renew for an additional 12 months if I upgrade between renewal periods.

I understand and accept the terms and conditions of this Agreement and agree to pay the annual membership fee.

SIGNATURE: _____

DATE: _____

CONFIDENTIAL MEMBER INTAKE FORM (OPTIONAL)

HOUSEHOLD MEMBER 1/ INDIVIDUAL FULL MEMBER/ SOCIAL MEMBER

FIRST NAME:

LAST NAME:

DEMOGRAPHICS

HAVE YOU EVER SERVED IN ANY BRANCH OF THE UNITED STATES MILITARY, OR NOT?

YES, I HAVE NO, I HAVE NOT

ARE YOU WHITE, BLACK OR AFRICAN-AMERICAN, AMERICAN INDIAN OR ALASKAN NATIVE, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, OR SOME OTHER RACE?

WHITE NATIVE AMERICAN OR ALASKAN NATIVE NATIVE HAWAIIAN OR PACIFIC ISLANDER OTHER
 BLACK ASIAN FROM MULTIPLE RACES _____

ARE YOU MEXICAN, MEXICAN-AMERICAN, CHICANO, PUERTO RICAN, CUBAN, CUBAN-AMERICAN, OR SOME OTHER SPANISH, HISPANIC, OR LATINO GROUP?

I AM NOT SPANISH, HISPANIC OR LATINO CHICANO CUBAN-AMERICAN
 MEXICAN PUERTO RICAN OTHER SPANISH, HISPANIC OR LATINO GROUP
 MEXICAN-AMERICAN CUBAN FROM MULTIPLE SPANISH, HISPANIC OR LATINO GROUPS

HOW MANY PERSONS ARE INCLUDED IN YOUR HOUSEHOLD?

1 2 3 4 5 or more.

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT RELATIONSHIP STATUS?

MARRIED SEPARATED SINGLE, COHABITATING WITH A SIGNIFICANT OTHER
 WIDOWED IN A DOMESTIC PARTNERSHIP OR CIVIL UNION SINGLE, COHABITATING WITH A NON-SIGNIFICANT OTHER
 DIVORCED SINGLE, NEVER MARRIED

DO YOU CONSIDER YOURSELF TO BE:

HETEROSEXUAL BISEXUAL NONE
 HOMOSEXUAL TRANSEXUAL PREFER NOT TO ANSWER

HOME OWNERSHIP

HOME TYPE

HOME OWNER CONDO OWNER RENTER SINGLE-FAMILY HOME MULTI-FAMILY HOME

WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU HAVE COMPLETED OR THE HIGHEST DEGREE YOU HAVE RECEIVED?

LESS THAN HIGH SCHOOL DEGREE SOME COLLEGE BUT NO DEGREE BACHELOR DEGREE DOCTORATE
 HIGH SCHOOL DEGREE OR EQUIVALENT (GED) ASSOCIATE DEGREE GRADUATE DEGREE

WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR EMPLOYMENT STATUS?

EMPLOYED, WORKING FULL-TIME NOT EMPLOYED, LOOKING FOR WORK RETIRED
 EMPLOYED, WORKING PART-TIME NOT EMPLOYED, NOT LOOKING FOR WORK DISABLED, NOT ABLE TO WORK

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT OR MOST RECENT OCCUPATION?

MANAGEMENT OCCUPATIONS PROTECTIVE SERVICE OCCUPATIONS
 BUSINESS AND FINANCIAL OPERATIONS OCCUPATIONS FOOD PREPARATION AND SERVING RELATED OCCUPATIONS
 COMPUTER AND MATHEMATICAL OCCUPATIONS BUILDING, GROUNDS CLEANING AND MAINTENANCE OCCUPATIONS
 ARCHITECTURE AND ENGINEERING OCCUPATIONS PERSONAL CARE AND SERVICE OCCUPATIONS
 LIFE, PHYSICAL, AND SOCIAL SCIENCE OCCUPATIONS SALES AND RELATED OCCUPATIONS
 COMMUNITY AND SOCIAL SERVICE OCCUPATIONS OFFICE AND ADMINISTRATIVE SUPPORT OCCUPATIONS
 LEGAL OCCUPATIONS CONSTRUCTION AND EXTRACTION OCCUPATIONS
 EDUCATION, TRAINING, AND LIBRARY OCCUPATIONS PRODUCTION OCCUPATIONS
 ARTS, DESIGN, ENTERTAINMENT, SPORTS, AND MEDIA OCCUPATIONS TRANSPORTATION AND MATERIALS MOVING OCCUPATIONS
 HEALTHCARE PRACTITIONERS AND TECHNICAL OCCUPATIONS OTHER (PLEASE SPECIFY) _____
 HEALTHCARE SUPPORT OCCUPATIONS

WHAT IS YOUR APPROXIMATE AVERAGE HOUSEHOLD INCOME?

- \$0-\$24,999 \$75,000-\$99,999 \$150,000-\$174,999
 \$25,000-\$49,999 \$100,000-\$124,999 \$175,000-\$199,999
 \$50,000-\$74,999 \$125,000-\$149,999 \$200,000 and up

HOW OFTEN DO YOU USE THE INTERNET?

- DAILY WEEKLY MONTHLY YEARLY NEVER

WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION FROM JP@HOME? (SELECT ALL THAT APPLY)

- MONTHLY NEWSLETTER EMAIL TEXT MESSAGE POSTAL MAIL PHONE CALL IN-PERSON CONTACT BIG TENT BOARD (ONLINE)

WHAT IS THE BEST TIME OR DAY OF THE WEEK FOR YOU TO ATTEND MEETINGS OF JP@HOME MEMBERS? (SELECT ALL THAT APPLY)

- MORNINGS AFTERNOONS EVENINGS WEEKDAYS WEEKENDS

INTERESTS

WHAT ACTIVITIES ARE YOU INTERESTED IN? (SELECT ALL THAT APPLY)

- MULTI-CULTURAL ART SUPPORT GROUPS
 MUSIC FITNESS & EXERCISE OTHER (PLEASE SPECIFY) _____
 THEATER POLITICAL & SOCIAL CAUSES

PLEASE TELL US HOW IMPORTANT THE FOLLOWING ARE TO YOU AS YOU AGE:

	HIGH PRIORITY	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
HOME REPAIR AND MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINDING INFORMATION ABOUT RESOURCES FOR SENIOR CITIZENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINDING INFORMATION ABOUT LONG-TERM CARE SERVICES AND INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZED TRIPS (E.G., TRIPS TO MOVIES, MUSEUMS, PLAYS, CASINOS, HISTORICAL SITES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINDING INFORMATION ABOUT COMMUNITY SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION TO SHOPPING, RELIGIOUS SERVICES, VISITING FRIENDS, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINDING AND COORDINATING SERVICES AND CARE PROVIDERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEEPING THE HOUSE CLEAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL OPPORTUNITIES (E.G., BOOK CLUBS, BRIDGE GAMES, SEWING CLUBS, SOCIAL EVENTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPPORTUNITIES FOR EXERCISE (E.G., WALKING CLUBS, EXERCISE CLASSES, WATER AEROBICS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTALLING HOME SAFETY EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINDING SOMEONE TO CHECK MY HOME FOR THINGS THAT MIGHT CAUSE ME TO FALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEEPING TRACK OF MONEY AND BILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW DO YOU GET AROUND? (CHECK ALL THAT APPLY)

- WALK BICYCLE PUBLIC TRANSPORTATION SENIOR SHUTTLE TAXIS OR RIDE HAILING SERVICES (UBER, LYFT, ETC.) CAR

IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL HEALTH?

- EXCELLENT VERY GOOD GOOD FAIR POOR

DOES YOUR HEALTH STATUS INTERFERE WITH WHAT YOU WOULD LIKE TO DO?

- YES NO IF YES, PLEASE EXPLAIN:

IN CASE OF AN EMERGENCY

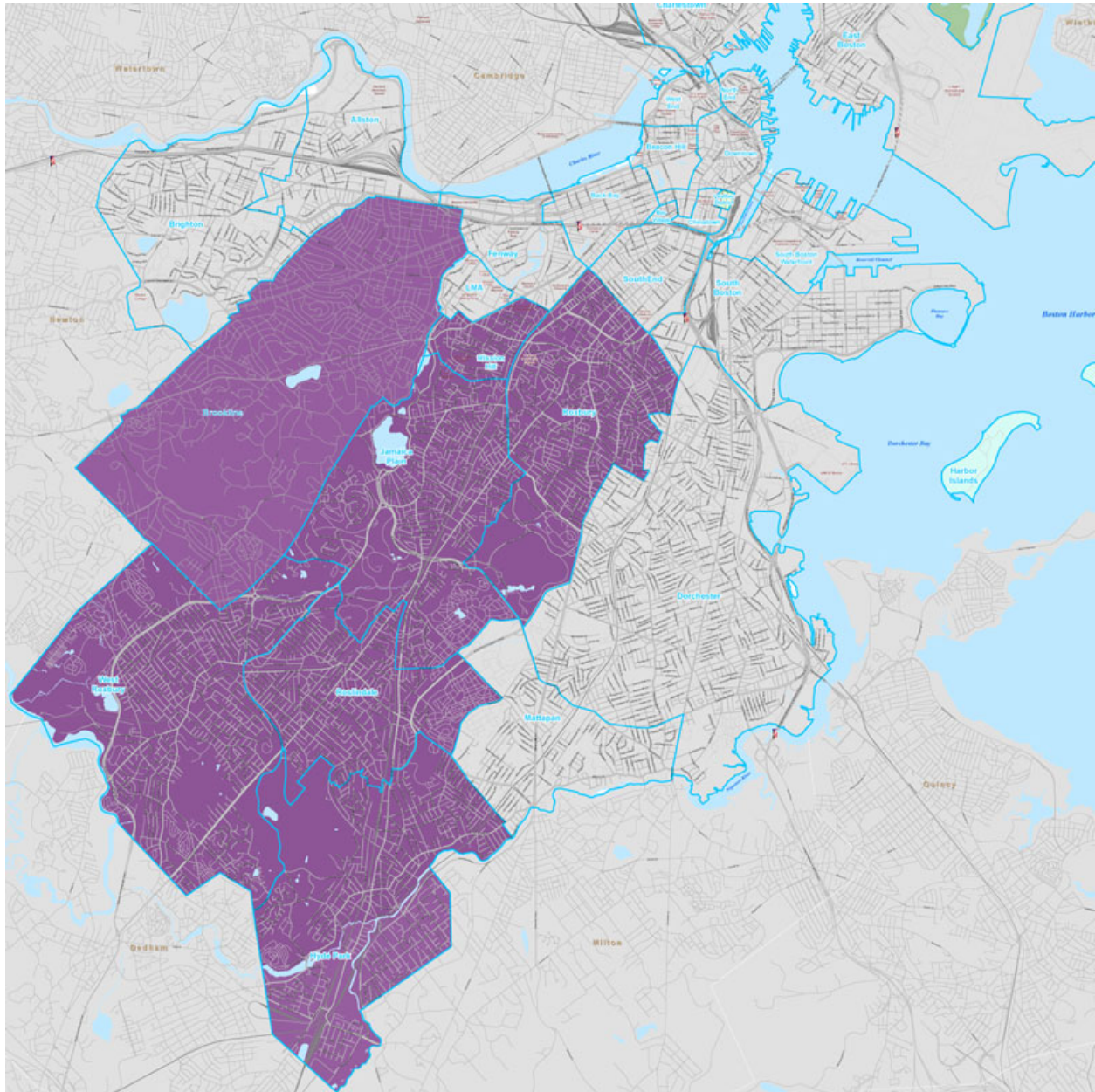
CONTACT

NAME: _____ RELATIONSHIP: _____ PHONE#: _____

HOW DID YOU HEAR ABOUT JP@HOME? (SELECT ALL THAT APPLY)

- INTERNET EMAIL DIRECT MAIL FRIEND OR FAMILY SOCIAL MEDIA COMMUNITY ETHOS WEBSITE

APPENDIX A - JP@HOME SERVICE MAP



Membership in JP@Home is open to residents of Jamaica Plain, Roslindale, West Roxbury, Hyde Park, Mission Hill, Roxbury, and Brookline.

FREQUENTLY ASKED QUESTIONS

Q: How is JP@Home funded?

A: JP@Home is funded primarily by members themselves through fees and donations, and by funding from Ethos. Additional funding comes from the Boston Foundation and Charles H. Farnsworth Trust.

Q: Is my membership fee tax-deductible?

A: A portion of the membership fee is tax-deductible. For Social and Individual Full Memberships, \$295 of the membership is deductible. For Household Memberships, \$590 is deductible. Members will receive a tax receipt at the end of the year.

Q: I am healthy and active and do not require services. Why should I join JP@Home?

A: JP@Home is not only about services and supports. JP@Home is a community of like-minded residents who want to: age in their own homes; develop new friendships; give back to others through volunteer opportunities; learn more about how to get and stay healthy as they grow older; and attend interesting cultural and educational events, while having the security of knowing they will have access to services and supports, should they ever need them.

Q: I live somewhere else part of the year. Can I join just for the months I am here?

A: JP@Home does not currently offer partial-year memberships.

Q: How does the cost of JP@Home compare to other similar organizations or programs?

A: At \$345 for an Individual Social Membership; \$495 for an Individual Full Membership; and \$845 for a Household Full Membership; JP@Home offers tremendous value to its participants. JP@Home membership rates are 27% to 50% lower for Full Memberships and 13% to 45% lower for Household Memberships, as compared to similar programs in Boston and Cambridge. Ethos also has an established relationship with home care vendors, providing significant discounts on services.

Q: How much of a discount will I get on Ethos-vetted in home support services?

A: JP@Home members receive discounts of 10% - 25% on support services.

Q: If I sign up for a Social Membership, can I upgrade to the Individual Full Membership?

A: Yes. While we recommend that members carefully consider what their needs will be for the year, we do offer the opportunity to upgrade to the Individual Full Membership at any time, should you want or require additional services and support benefits. If upgrading to an Individual Full Membership, you would be charged \$150 for the services and supports portion plus a \$100 fee.

Q: If I sign up for a full membership, can I downgrade?

A: Members may change to a lower level only when renewing their membership.

Q: Do you offer a trial membership?

A: Yes, starting in October of 2016, JP@Home will offer three-month trial Individual Full and Household Memberships. Trial members pay only \$41.25 (Full) or \$70.41 (Household) per month, for the first three months, billed monthly, via credit card. Memberships will automatically convert to regular Full and Household memberships after 90 days unless cancelled by the member before the trial period expires. Trial memberships will automatically convert to regular Full and Household memberships for a period of 12 months total. Members may cancel their membership any time during the 90 trial period by calling Member Services at 617-522-6700 or emailing jpathome@ethocare.org.