

JP@HOME MEMBERSHIP

Benefits, Frequently Asked Questions and Forms.



2017-2018 MEMBERSHIP BENEFITS, LEVELS & RATES

	FULL MEMBERSHIP	HOUSEHOLD MEMBERSHIP	SOCIAL ONLY MEMBERSHIP
COST	\$49.58 per month \$595.00 annually	\$82.92 per month \$995.00 annually	\$35.42 per month \$425.00 annually
*ANNUAL TAX-DEDUCTIBLE AMOUNT	\$297.50	\$595.00	\$297.50
	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.	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.
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	YES	YES	YES
Free, unlimited access to long-term care options counseling and information/ referral services.	YES	YES	YES
Free personalized in-home needs assessment and home safety inspection.	YES	YES	NO
Unlimited access to discounted Ethos case management services	YES	YES	NO
Unlimited access to discounted Ethos-vetted direct-care professionals.	YES	YES	NO
Unlimited referrals to pre-screened vendors and service providers.	YES	YES	NO
UPGRADE FEE	N/A	N/A	YES

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 CYCLE	
<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"/> \$49.58 per month (x12) <input type="checkbox"/> \$595.00 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"/> \$99.005 annually	
<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"/> \$35.42 per month (x12) <input type="checkbox"/> \$425.00 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.	\$49.58 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			
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: _____	



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

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 all JP@Home memberships 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 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 \$170 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: _____

Please return with payment information to:

JP@Home Member Services Coordinator
C/O Ethos
555 Amory Street
Jamaica Plain, MA 02130

HOW OFTEN DO YOU USE THE INTERNET?

DAILY WEEKLY MONTHLY YEARLY NEVER

WHAT IS YOUR MOST PREFERRED COMMUNICATION METHOD(S) 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

HEALTH/EMERGENCY/MEDICAL INFORMATION (OPTIONAL)

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:

EMERGENCY CONTACT

NAME:	RELATIONSHIP:	PHONE#:
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PRIMARY CARE PROVIDER

NAME:	PRACTICE:	PHONE#:
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ADDRESS:

REQUENTLY 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 support comes from local businesses and available grant funders.

Q: Is my membership fee tax-deductible?

A: A portion of the membership fee is tax-deductible. For Social and Individual Full Memberships, \$297.50 of the membership is deductible. For Household Memberships, \$595.00 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: Rates for JP@Home Memberships are comparable to similar programs in Boston Cambridge and other parts of the metropolitan area. 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: While the discount varies from vendor to vendor, the rates JP@Home members receive are often as much as 25% lower than those for non-members.

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 on their anniversary date.



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