

# Member-to-Member Community Application

Thanks for your interest in Elderplan's Member-to-Member Program — we're excited to have you join us!  
To help us get to know you better and support your needs, please share a few details about interests and yourself.

## 1. Tell Us About Yourself

Full name \_\_\_\_\_

Your Elderplan/HomeFirst Member ID \_\_\_\_\_

### Preferred Method of Communication

Please let us know how to best communicate with you:

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please select your preferred time to receive calls:  morning  afternoon  evening

Do you consent to receiving texts?  Yes  No

Landline Phone \_\_\_\_\_

Please select your preferred time to receive calls:  morning  afternoon  evening

### Special Considerations

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

I am visually impaired  I am deaf, hard of hearing or use TTY  I am bedbound  I use a wheelchair

I do not need accommodations  Other \_\_\_\_\_

### Work

Please tell us about your work life:

Retired  Employed  Self-employed  Other \_\_\_\_\_

What field did you work in?

## 2. Event Interests

We currently offer in-person and virtual events, as well as Friendly Chats. Please tell us about your preference.

### Virtual Events

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chair yoga   | <input type="checkbox"/> Cooking classes  | <input type="checkbox"/> Dance and exercise classes |
| <input type="checkbox"/> Digital literacy                                   | <input type="checkbox"/> Health education | <input type="checkbox"/> Meditation                 |
| <input type="checkbox"/> Virtual concerts                                   | <input type="checkbox"/> Virtual games    |   |
| <input type="checkbox"/> I am not interested in virtual events at this time |   |   |

If joining virtually, do you need any technical assistance from us with logging in to the event?  Yes  No

Please select the device you'll use to join the virtual events:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> iPhone with data plan | <input type="checkbox"/> Android with data plan | <input type="checkbox"/> Computer, laptop, or tablet that connects to the Internet |
| <input type="checkbox"/> A landline phone      | <input type="checkbox"/> Other _____            |  |

### In-Person Activities

We are currently offering the following in-person services and activities.

Please select any that interests you:

- |   |   |
|---|---|
| <input type="checkbox"/> Washington Heights (Manhattan) office events | <input type="checkbox"/> I am not interested in in-person events at this time |
|---|---|

### Friendly Chats

Friendly chats are a fun way to connect with someone and talk about shared interests.

Let us know about your hobbies below—this will help us match you with a chat partner who shares similar interests.

Select all that apply:

- |  |                                  |                                      |                                    |   |
|--|----------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Boardgames      | <input type="checkbox"/> Cooking | <input type="checkbox"/> Exercise    | <input type="checkbox"/> Gardening | <input type="checkbox"/> Journaling           |
| <input type="checkbox"/> Knitting        | <input type="checkbox"/> Music   | <input type="checkbox"/> Photography | <input type="checkbox"/> Reading   | <input type="checkbox"/> Religious activities |
| <input type="checkbox"/> Television/News | <input type="checkbox"/> Walking | <input type="checkbox"/> Other _____ |                                    |   |

## 3. Future Programming

We continue to think of other amazing ideas and activities to expand our program in the future.

Please check all that you would be interested in participating in:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> In person events in Flushing (Queens) | <input type="checkbox"/> In-person games | <input type="checkbox"/> Reading to the visually impaired |
| <input type="checkbox"/> Translation support                   | <input type="checkbox"/> Other _____     |   |

### Topics

Are you interested in any of the following topics?

Select as many as you like:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bereavement support        | <input type="checkbox"/> Staying in your home as you age | <input type="checkbox"/> Staying mentally sharp |
| <input type="checkbox"/> Staying physically healthy | <input type="checkbox"/> Other _____                     |   |

## 4. Referral Source

How did you hear about the Member-to-Member program?

- Care Manager referral, name of the Care Manager \_\_\_\_\_
- Elderplan newsletter     Elderplan website     Existing member referral
- Other \_\_\_\_\_

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### Disclaimers

#### 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.

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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 and 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.