

Enrollment Application: Thank you for your interest in ShareCare. The ShareCare Office will contact you regarding membership.



ShareCare™ of Leelanau, Inc.
 7401 E Duck Lake Rd. #600
 Lake Leelanau, MI 49653-8701
 231.256.0221

Office Use	
Enrollment Date _____	_____
Member # _____	Level _____ Region _____

Name _____ Home Phone (____) _____
 Mailing Address _____ Cell (____) _____
 Street Address _____
 City _____ State _____ Zip _____
 E-mail Address _____

Winter Mailing Address _____
 Winter City _____ State _____ Zip _____
 Winter Phone(____) _____ Gone from _____ to _____

Birth date ____/____/____ In what school district do you live? _____
 Nickname _____ Partner Name _____
 Church _____ Occupation _____
 Directions to your home _____

Emergency Contact _____ Relationship _____
 Home Phone (____) _____ Other Phone (____) _____
 Are you a Chronic Care Management Client? Yes No
 Do you live alone? Yes No Do you have a generator Yes No
 Nearest Neighbor _____ Phone (____) _____
 Primary Physician _____ Phone (____) _____
 Other Physician _____ Phone (____) _____

	Child/Relative/Friend #1	Child/Relative/Friend #2	Child/Relative/Friend #3	Child/Relative/Friend #4
Name				
Relation				
Phone				
Cell				
Email				
Address				
City, St Zip				

Chronic Conditions*: _____
 Allergies _____

*ShareCare maintains a relationship with Chronic Care Management, a home health organization, and recommends that those with chronic conditions to enroll with them.

Medications: _____

Where is the hidden key to your home (optional) _____

ShareCare-Member Agreement

Any full or part-time resident of Leelanau County, Michigan, who has signed this agreement and has paid annual dues is eligible.

ShareCare provides its members with timely access to volunteer, contractual and professional services to enable them to remain independent in their own homes for as long as possible.

It is a member's responsibility to actively participate with ShareCare to organize services that help him/her remain safely at home and to accept responsibility for his/her decisions should care providers' instructions be disregarded.

If the time comes when it is no longer possible for a member to remain in his/her home, ShareCare will offer help with alternative arrangements, and continue to offer supportive assistance whenever possible.

If misunderstandings arise, a Resolution Committee will work toward a solution agreeable to both parties.

ShareCare retains the right to terminate membership under circumstances considered by the executive committee where the continuation of membership may present an unacceptable risk or burden to members, affiliates, volunteers, contractors and to the ShareCare organization. If ShareCare terminates a membership for any reason other than non-payment of moneys owed, the balance of annual dues may be refunded.

The undersigned acknowledges an understanding of ShareCare membership and chooses to participate within this framework, the terms set forth in the by-laws, and those determined periodically by the Board of Directors.

Print Name

Member (or Representative) Signature

Date

Office		
Member # _____ <input type="checkbox"/> Level 1.a (70 & under) <input type="checkbox"/> Level 2.a (71-80) <input type="checkbox"/> Level 3.a (81 & over)	Level(s) if more than one person in a household joins: <input type="checkbox"/> Level 1.a <input type="checkbox"/> Level 2.a <input type="checkbox"/> Level 3.a	Amount paid individual \$ _____ Amount paid 2 \$ _____ Amount more than 2 \$ _____ Paid through _____
_____ ShareCare Representative		

ShareCare requests that everyone involved with the organization respects all aspects of confidentiality whether they are personal, medical, or financial.