



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

Office Use	
Enrollment Date	_____
ID#	_____ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Nickname \_\_\_\_\_  
 Partner's Name \_\_\_\_\_ Church \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Other Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you a Chronic Care Management Client? Yes  No

Do you live alone? Yes  No

Do you have a generator Yes  No

Do you have family in the area? Yes  No

Nearest Neighbor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Where is your key hidden? (optional) \_\_\_\_\_

	Emergency Contact #1	Emergency Contact #2
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.

## ShareCare-Applicant Agreement

Any Leelanau County senior 60 years or older, who is a full or part-time resident, and has signed this agreement and donated at least the basic amount is eligible for services.

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

It is an applicant's responsibility to 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 senior 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 services under circumstances considered by the Board of Directors where the continuation of services may present an unacceptable risk or burden to the applicant, affiliates, volunteers, contractors and to the ShareCare organization.

The undersigned acknowledges an understanding of this agreement 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

\_\_\_\_\_  
Applicant (or Representative) Signature

\_\_\_\_\_  
Date

Donor Levels	Your Contribution
Basic \$75 individual (one person)	
Basic \$125 individual (two person)	
\$150 Supporter	
\$250 Sustainer	
\$500 Patron	
\$1000 Benefactor	
\$2500 Underwriter	
\$5000 Ambassador	
Total	

Paid through \_\_\_\_\_

\_\_\_\_\_  
ShareCare Representative

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