



Getting to Know You

Love Living at Home is not a place on a map - it is a gateway to relationships and resources for older adults who desire to live in the homes and neighborhoods they love. We are a welcoming network of people helping people. Our programs enrich life and forge connections for new friendships.

We are glad you have joined us. To better serve our members, we ask each member to provide as much information as they would like to share.

Please note, the information in Red is required for our database.



Please complete for each member of the household

Dr. Mr. Mrs. Ms.	Last Name	First Name	Middle
Preferred Name (first name, nickname, title?)			
Gender M F	Birthdate / /	Retired <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Semi	Living Status <input type="checkbox"/> Alone <input type="checkbox"/> with Caregiver <input type="checkbox"/> with Spouse/Family/Other
Pets <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____			
Special Needs: <input type="checkbox"/> Not applicable <input type="checkbox"/> Use wheelchair <input type="checkbox"/> Use mobility device _____ <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Low vision <input type="checkbox"/> Use service animal <input type="checkbox"/> Use/want companion support <input type="checkbox"/> Problems/issues with stairs			

Member Contact Information

Street Address:	Apt #:
City:	State:
Home Phone:	Work Phone:
E-Mail	Zip:
Cell Phone:	

Emergency Contact Information

Name:	Relationship:
Street Address:	Apt #:
City:	State:
Home Phone:	Work Phone:
E-Mail	Zip:
	Cell Phone:

Name:	Relationship:
Street Address:	Apt #:
City:	State:
Home Phone:	Work Phone:
E-Mail	Zip:
	Cell Phone:

In Case of Medical Emergency

Primary Hospital:	
Primary Insurance:	Secondary Insurance:
Primary Doctor Name:	MD Phone:

MEMBERSHIP DIRECTORY: Every member's name will be included in the LLH Village member directory available only to other members.

- I would like my email address to be available to other LLH members
- I would like my phone number to be available to other LLH members

How do you prefer LLH to communicate with you? ___snail mail ___email

Helps Us Get to Know You

What are your primary interests in joining LLH? **(check all that apply)**

- Home Maintenance Services
- Information & Referral Services
- Transportation Services
- Community building
- Make new connections
- Volunteer Opportunities
- A friend suggested I join
- Personal Well-Being
- Other _____

How did you hear about LLH?

- Neighbor
- Family
- Friend
- Church/Synagogue
- Community Group
- Business
- Village Brochure
- Poster
- Presentation
- Other _____

Computer Use:

- Do you have a computer? Yes No
- Do you currently use the internet? Yes No
- If you are not currently using the internet, would you like to learn? Yes No

Would you prefer to receive materials by E-mail? Yes No

Personal Interests

LLH members organize programs and activities. If you indicate your interests here, you may be contacted by other members who share these interests. Check all that apply whether this is something you currently do or would like to do.

<input type="checkbox"/> Arts/Crafts	Ceramics Drawing Jewelry Needlepoint Knitting/crochet Painting Quilting Sculpture Sewing Woodwork Other
<input type="checkbox"/> Books/Literature	Biography Business/Money Fiction/Literature History Mystery Nonfiction Politics Romance Science/Nature Spirituality Self -Improvement Other
<input type="checkbox"/> Computers/Technology	Basic skills Desktop publishing Internet use Setting up home computer Social networking Spreadsheets Wireless network Word processing
<input type="checkbox"/> Concerts/Music	Brass Drums Guitar Piano Violin/Strings Singing

	Blues Classical Jazz Pop Rock Show Tunes Other
<input type="checkbox"/> Cooking/Culinary	Cooking group Classes Wine Tasting Recipe exchange Other
<input type="checkbox"/> Cultural/Theater	Comedy Dance Musicals Opera Plays Sightseeing Other
<input type="checkbox"/> Dance	Ballet Ballroom Contemporary Hip Hop Jazz Swing Salsa Other
<input type="checkbox"/> Dining Out	Chinese Mexican Greek Indian Italian Thai Other
<input type="checkbox"/> Film/Photography	Action Animation Classics Comedy Documentary International Sci-Fi Film club Digital photography Photoshop Other
<input type="checkbox"/> Lecture/Discussions	Sports International Current events Other
<input type="checkbox"/> Museums/Exhibits	Architectural Art Automobiles Cultural Geography History Science Space Technology Other
<input type="checkbox"/> Outdoor Recreation	Biking Boating Tennis Golf Flying Gardening Hiking Running Sailing Scuba Skiing Other
<input type="checkbox"/> Sports/Fitness	Aerobics Attend Sports Events Dancercise Pilates Swimming Tai Chi Walking Weight Lift Yoga Brain fitness Other
<input type="checkbox"/> Travel	Domestic International Air Bus Car Rail Travel group Day trips Other
<input type="checkbox"/> Hobbies/Other	