



## Welcome to Felician Village at Home!

These materials are designed to help Felician Village at Home better understand your interests and needs. If you are purchasing a full household membership, each individual should complete these forms. Aside from basic contact and payment information, all questions are optional and need not be answered if you so choose. **We do require you to sign and date the Membership Agreement on pages 6-7.**

Please complete and return to:  
 Felician Village at Home / 1635 S. 21<sup>st</sup> Street / Manitowoc, WI 54220  
[fvathome@felicianvillage.org](mailto:fvathome@felicianvillage.org) / [www.felicianvillage.org](http://www.felicianvillage.org)

### GENERAL INFORMATION

Dr. Mr. Mrs. Ms.	Your Last Name	First Name	Middle Name
Preferred Name (first name, nickname, title?)			
Birthdate / /	Retired Y N	Living Status Alone With Caregiver With Spouse/Family/Other	Pets Dog Cat Other
<b>Your Contact Information</b>			
Street Address:			Apt #:
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			

Help us get to know you! What are your primary interests in joining Felician Village at Home? (Check all that apply.)	
Volunteer opportunities	Transportation
Educational programs	Health and wellness programs
Professional service providers	IamFine Telephone Reassurance
Join the Felician Village at Home Members Facebook Group	
Social engagement opportunities	Other

**YOUR CURRENT LIVING SITUATION**

*(These questions are optional; answer only if you wish to do so.)*

- 1. Do you have children or other close relatives living in the area?  
 Yes  No
- 2. Do you know any of your neighbors well enough to have exchanged house keys with them, watch their house when they are gone or have them watch your house?  
 Yes\*  No

\*If you answered yes, please complete this section.

Closest neighbor/friend in community:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

- 3. In general, would you say your health is:  
 Excellent  Very Good  Good  Fair  Poor

- 4. Do you have any special needs that Felician Village at Home or its volunteers should know about?

Hearing impaired	Use mobility device	Use service animal
Lifeline alert	Use wheelchair	Speech/language Issues
Low vision	Use/need companion support	Dietary restrictions
Other needs (please specify):		

- 5. Do you currently have any services now in place, e.g., Meals on Wheels, VNA, or Elder Services? (List all that you currently use).

**EMERGENCY CONTACT INFORMATION**

*List below the individuals we should contact in the event of an emergency.*

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

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

**In Case of Medical Emergency (OPTIONAL)**

Primary Hospital:	
Primary Doctor Name:	Primary Doctor Phone:
Advance Directive/DNR: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PAYMENT INFORMATION**

- |  |                            |
|--|----------------------------|
| <input type="checkbox"/> Basic membership for single individual: | \$16.00/month (\$190/year) |
| <input type="checkbox"/> Basic membership for household:         | \$21.00/month (\$250/year) |
| <input type="checkbox"/> Full membership for single individual:  | \$21.00/month (\$250/year) |
| <input type="checkbox"/> Full membership for household:          | \$26.00/month (\$310/year) |

I will be paying: Monthly  Annually

Please consider making a charitable donation, over and above your membership fee, to help Felician Village at Home maintain its services and benefits, and to expand our subsidized membership programs for income-eligible households.

- Charitable donation \$ \_\_\_\_\_

I would like to make my donation:

- In honor of \_\_\_\_\_  
 In memory of \_\_\_\_\_  
 An acknowledgment should be sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

- Membership payment \$ \_\_\_\_\_

- TOTAL \$ \_\_\_\_\_

- Check enclosed (payable to Felician Village)

- I prefer to pay annually or monthly via automatic withdrawal from my bank account or credit card.  
Please complete and sign the ACH/Credit Card Payment Authorization Form on the next page.

## ACH/CREDIT CARD PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your bank account, or charged to your American Express, Visa, MasterCard, or Discover Card. Just complete and sign this form to get started!

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### Please complete the information below:

I \_\_\_\_\_ authorize Felician Village, dba St. Mary's Home to  debit my  
 (full name)  
 checking/savings account, or  charge my credit card as a  one-time payment or  recurring  
 monthly payment in the amount of \$\_\_\_\_\_ starting \_\_\_\_\_ of \_\_\_\_\_ and ending \_\_\_\_\_  
 (date) (month) (date)  
 of \_\_\_\_\_.  
 (month)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

#### Checking/ Savings Account

Checking  Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_

#### Credit Card

Visa  Discover  
 M/C  American Express

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Felician Village at Home in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Felician Village at Home may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

## CONFIDENTIALITY STATEMENT

All the information you provide will be kept confidential. Felician Village will maintain the privacy of members' personal information in accordance with applicable Wisconsin law. This document will be kept in a secured area in Felician Village. Confidential information will only be shared when necessary for the purposes of arranging the services and activities you and other members want and need. Such sharing will be restricted to staff, key volunteers, or providers of services, unless you direct us otherwise. Information not related to emergencies will be shared only within the office, unless you direct us otherwise. Any names and phone numbers you give us, for example, of your doctor or relatives, will be kept confidential within the office and will only be used for emergencies. Additional information will be released only with your consent.

I HAVE REVIEWED AND UNDERSTAND THE CONFIDENTIALITY STATEMENT.

Please initial and date: \_\_\_\_\_

## Felician Village at Home MEMBERSHIP AGREEMENT

1. **Term.** Annual membership fees may be paid in full via cash, check, or credit card. Monthly membership feeds may be paid in installments via credit card or automatic bank withdrawal.
2. **Membership Fees.** Membership fees are as determined from time to time by Felician Village at Home. Current membership fees are stated within this Application and Agreement. Membership fees do not include charges by third-party providers for activities or services in which Member may participate.
3. **Activities and Services.** Felician Village at Home acts on behalf of its Members to identify activities and services that may benefit Members and the neighborhoods and communities in which members reside. Felician Village at Home arranges to offer such activities and services primarily through third parties.
4. **Liability and Assumption of Risk.** Felician Village at Home seeks to provide opportunities that provide benefits to its Members. Felician Village at Home does not, however, assume any responsibility or liability, either direct or indirect, in connection with, relating to, or arising out of (i) activities or services in which Members may participate as a result of membership in Felician Village at Home, or (ii) activities or services provided by any third party that is a provider to Felician Village at Home. The undersigned Member hereby assumes all risk for participating in any such activities and/or contracting for or receiving any such services.
5. **Waiver, Release and Indemnification.** I, the undersigned Member hereby (i) fully release and discharge Felician Village at Home, its Members, officers, directors and employees (together, the "Released Parties") from any and all claims, demands, causes of action, administrative claims, liability, damages, claims for attorney's fees, costs and disbursements, or demands of any kind whatsoever, that I have or might have against the Released Parties, or any of them, present or future, known or unknown, anticipated

or unanticipated, resulting from, arising out of, or in connection with any services or activities of, by or from third parties, including specifically third parties who may provide or make services or activities available to Felician Village at Home Members; and (ii) agree to indemnify and hold the Released Parties, and each of them, harmless from and against any and all costs, expenses or damages (including, without limitation, attorneys’ fees) resulting from, arising out of, or in connection with any and all claims brought by or through the undersigned Member, including but not limited to subrogation claims by any insurance company of the undersigned Member.

**I, the undersigned Member, acknowledge that I have carefully read the foregoing Waiver, Release and Indemnification and understand that it has binding legal effect and is a waiver of claims and a release of liability.**

**6. Photo Release.** I, the undersigned Member grant Felician Village at Home or anyone authorized by Felician Village at Home, permission to use my photograph or given quote for any purpose whatsoever and without further compensation to me. All negatives, positives, prints, and digital image files shall constitute property of Felician Village at Home solely and completely. I understand that Felician Village is a nonprofit organization and that the use of photographs will be limited to educational, non-commercial purposes. I represent that I am over the age of eighteen and that I have read the foregoing and completely understand the contents thereof. *Note: If you prefer that your photos or quotes not be shared by Felician Village at Home for educational and noncommercial purposes, please initial and date here: \_\_\_\_\_*

**7. Miscellaneous Provisions.** This Agreement supersedes all other promises, representations or understandings of any kind, whether written or oral, with respect to the agreement of membership between the undersigned Member and Felician Village at Home. **No one has the right or authority to make any changes to the terms of this Agreement on behalf of Felician Village at Home, except for its Board of Directors acting in a meeting that has been duly called and held.** I, the undersigned Member, understand that Felician Village at Home may from time to time adopt policies that affect the terms and privileges of membership. The laws of the State of Wisconsin govern this agreement. If a court finds any term of this Agreement to be invalid, unenforceable or void, the parties agree that the court shall modify that term to make it enforceable to the maximum extent possible. If the term cannot be modified, the parties agree that the term shall be severed and all other terms of this Agreement shall remain in effect. Felician Village at Home will not lose or be deemed to waive its rights under this Agreement if it delays or fails to enforce such rights.

**8. Acceptance of Membership Agreement.** I, the undersigned Member, have read this Agreement carefully and hereby agree to the terms of membership as stated above. I am pleased to become a Member of Felician Village at Home.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE