

**RIDES MEALS CLASSES CARE ADVICE** 

# HEALTHY AGING CAMPUS CLIENT APPLICATION

**Welcome to Vivalon!** We are delighted you are taking advantage of our services. Please take a moment to share some information about yourself so we can better serve you.

First Name	Last Name		Date of Birth	
Address	City	State	ZIP Code	
Cellphone	Home Phone	ł	Email Address	
Emergency Contact First Name	Last Name	Relationship	Phone Number	
Do You Have Insurance? Yes No				
Medicare	Medicare Advantage	Kaiser	Other	
Medi-Cal	Medicare + Medi-Cal	Private Insurance	Decline to State	
Gender Identity				
Female	Transgender	Transgender Male to	Other	
Male	Transgender Female to Male	Female	Decline to State	
Assigned Sex at Birth				
Female	Male Decline to	o State		
Sexual Orientation Straight/ Heterosexual	Bisexual Questioning/Uns	sure Gay/Lesbian/S Gender Loving		
Language				
Primary Language Spoken _		Other Languages Spoken _		
Ethnicity Hispanic or Latino	Non-Hispanic or Latino	Decline to State		
Race			cific Islander 🗌 Mixed Race	
Asian/Asian American	Caucasian/White	Native Hawaiian/Pa	Decline to State	

# HEALTHY AGING CAMPUS: CLIENT APPLICATION

Annual Income         Less than \$10,000       \$20,000-\$29,99         \$10,000-\$19,999       \$30,000-\$39,99		<ul> <li>\$75,000-\$100,000</li> <li>Decline to State</li> <li>More than \$100,000</li> </ul>	
Relationship Status         Single (Never Married)         Separated         Divorced    Do you live alone?          Yes       No	Widow 	stic Partner Decline to State ved o,' how many people live in r household, including you?	
Home Setting         Private Home or Apartment         Board and Care	Skilled Nursing Facility Assisted Living	<ul><li>Unhoused</li><li>Decline to State</li></ul>	
In general, how would you rate your     Excellent   Very Good	<b>overall health now?</b> Good	Fair Poor	
What are your main interests? (Check apply)         Art       Discussion Groups         Music       Fitness	<b>ck all that</b> <ul> <li>Healthy Aging</li> <li>Technology</li> </ul>	Volunteering Other	
Are you a veteran?       Yes     No       Decline to State			
MEMBERSHIP APPLICATION Welcome to the Vivalon Family! We are so decided to become a member. As a Vivalo will receive discounts on meals at our Viva other discounts on classes, activities, and Scholarship available upon request, based on incor are available. Contact Guest Services at 415-456-9 Your membership helps us keep our doo our programs affordable.	on member, you alon Café and events. ne eligibility, and if funds 062 for more information.	MEMBERSHIP RATES          Single/Couple: \$60/\$90 per year         All Access:         \$200 individual/\$300 Couple         Café: \$50 per year         Volunteer/Instructor: \$30 per year         Request Scholarship	
First Name	Last Name	Date of Birth	

# **PRIVACY POLICY**

Client information will be kept confidential and will only be shared in a non-identifiable manner for statistical purposes only.

# **PHOTO RELEASE**

From time to time, our Marketing department may take photos and videos to help us promote Vivalon and our various activities. Examples of how these photos and videos may be used include, but are not limited to: print ads, digital ads, newsletters, emails, website pages, letters, brochures, pamphlets, reports, presentations, video appeals.

I consent to the unrestricted use, by Vivalon (and those acting with its permission and authority), of any and all photographs/videos taken, in whole or in part, unlimited use, for all purposes, in any form or medium, including, without limitation, its use through or on any electronic media, including the Internet.

I waive any right to inspect or approve the finished product or products or the advertising copy or printed matter that may be used with the finished photographs/videos.

Further, I relinquish all rights, titles and interests I may have in the finished photographs/videos and reproduction to any responsible business firm or publication. It is understood that Vivalon retains copyright of images at all times under the expressed understanding and agreement that Vivalon shall have exclusive reproduction rights to the images/videos.

I hereby release Vivalon from any and all claims in connection with the photographs/videos, including any and all claims of libel.

# PHYSICAL ACTIVITY RELEASE OF LIABILITY

I hereby acknowledge my awareness that my participation in physical activities led by Vivalon has certain risks and I knowingly, freely and voluntarily assume all risks and engage myself in the participation of activities.

### BY SIGNING BELOW, I SIGNIFY THAT I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby release Vivalon from any and all liability arising out my participation in activities led by Vivalon and hereby waive my rights herein to assert any claim(s) for damages, bodily injury or serious bodily injury to the fullest extent allowed by law.

I further agree that I will hold harmless Vivalon against any and all claim(s) for damages, bodily injury or serious bodily injury arising out of or in connection of my participation in activities led by Vivalon whether caused by negligence or otherwise.

# **GRIEVANCE POLICY**

Vivalon aims to resolve problems and grievances promptly and as close to the source as possible with graduated steps for further discussions and resolution at higher levels of authority as necessary. I acknowledge that I have received and read a copy of the Vivalon Grievance Policy and that I understand what it states.

## **PET POLICY**

No pets are allowed on the second floor of the Healthy Aging Campus, with the exception of service animals as mandated by law and outlined in Vivalon's pet policy I acknowledge that I have received and read a copy of the Vivalon Pet Policy and that I understand what it states.

# **CODE OF CONDUCT**

This policy is intended to make visitors (members, volunteers, and guests) at Vivalon's Healthy Aging Campus and Vivalon Café feel welcome and to provide reasonable rules of behavior for the benefit of all. I acknowledge that I have received and read a copy of the Vivalon Code of Conduct and that I understand what it states. I further acknowledge that I am responsible for understanding and complying with the policy described in the Code of Conduct during my visits to the Healthy Aging Campus and during participation in any Vivalon activities and events.

### PLEASE RETURN YOUR COMPLETED FORM TO: Vivalon Guest Services (2nd Floor) 999 Third Street San Rafael, CA, 94901 Phone: 415-456-9062 Email: guestservices@Vivalon.org Web: Vivalon.org For membership fee make check payable to Vivalon. Donations gladly accepted.

### **GRIEVANCE POLICY**

Vivalon aims to resolve problems and grievances promptly and as close to the source as possible with graduated steps for further discussions and resolution at higher levels of authority as necessary.

### **Statement of General Principles**

- Complaints must be fully described by the person with the grievance.
- The person(s) should be given the full details of the allegation(s) against them.
- The person(s) against whom the grievance/complaint is made should have the opportunity and be given a reasonable time to put their side of the story before resolution is attempted.
- Proceedings should be conducted honestly, fairly and without bias.
- The complainant's privacy will be protected and shared only with the directly involved parties as needed for resolution

### PROCEDURES

The following is a four-level process:

1. The employee/volunteer attempts to resolve the complaint as close to the source as possible within five working days.

This level is informal and accomplished with verbal statements.

### If the matter is not resolved:

2. The employee/volunteer/client notifies the Healthy Aging Manager (in writing or otherwise) as to the substance of the grievance and states the remedy sought.

In the case of a homebound client submitting a grievance, the Manager will provide a means for the client to be in contact.

This level will usually be informal, but either party may request written statements. The response time for this level is five working days.

### If the matter is not resolved:

3. The Manager must refer the matter to the Director, Healthy Aging (or COO or CEO if applicable). A grievance taken to this level must be in writing from the employee/volunteer or client.

The Manager will forward to the Director of Healthy Aging for any additional information.

The Director of Healthy Aging will provide a written response to the employee/volunteer/clients within five working days.

### If the matter is not resolved:

4. Director of Healthy Aging will give the complainant a copy of the AAA grievance procedure. All written documentation related to the concern, as well as relevant contact information for the person making the complaint, will be forwarded to the Senior Program Coordinator by the Director of Healthy Aging.

### **CODE OF CONDUCT**

This policy is intended to make visitors (members, volunteers, and guests) at the Vivalon's Healthy Aging Campus and Vivalon Café feel welcome and to provide reasonable rules of behavior for the benefit of all.

I acknowledge that I have received and read a copy of the Vivalon Code of Conduct and that I understand it. further acknowledge that I am responsible for understanding and complying with the policy described in the Code of Conduct during my visits to the Healthy Aging Campus and during participation in any Vivalon activities and events.

Vivalon's Healthy Aging Campus and Vivalon Café are friendly and inviting places for older adults to gather and participate in classes, activities and services.

Behavior which inhibits visitors from using and enjoying the Healthy Aging Campus or Vivalon Café is inappropriate and will not be tolerated.

All visitors to the Healthy Aging Campus are invited to participate. Those unable to utilize the programs at Vivalon due to mental or physical capacity issues must be accompanied by caregivers or family members. Inappropriate behavior includes, but is not limited to, the following:

- Using alcohol or drugs, or being publicly intoxicated
- Stealing, damaging, or defacing Vivalon property
- Shouting, loud or offensive language
- Creating a disruption
- Threatening or intimidating others through behavior or language
- Physically harming, or threatening physical harm, to self or others
- Failing to self-manage incontinence and/or hygiene issues
- Sleeping onsite
- Using the facilities for bathing
- Soliciting for personal or improper purpose
- Participating in a crime, misdemeanor or violation of the San Rafael Municipal Code
- Verbally or nonverbally disrespecting members, volunteers or staff including unwanted or inappropriate personal communications or attention
- Theft and deliberate or careless damage or destruction of any Vivalon property, or the property of any visitor, volunteer or employee
- Unauthorized or inappropriate use of Vivalon equipment, time, materials, or facilities

### **PET POLICY**

Except for service animals and as required by law, no pets are allowed on the second floor of the Healthy Aging Campus.

Service animals, as defined by Federal ADA Requirements, are allowed on the second floor. Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Under the ADA, state and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is allowed to go. Emotional support, therapy, comfort or companion animals are not considered service animals under the ADA. These terms are used to describe animals that provide comfort just by being with a person. Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA.

Vivalon retains the authority to deny entry if the service dog disrupts members, guests, staff or operations.