

cultivate

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Thank you for your interest in our services. Enclosed you will find information about our different programs. Please read the information carefully. If you would like to get started using one or more of these services, please complete and return both sides of the **Client Information/Waiver form** as well as the **Consumer Information Assessment form (Boulder County residents only)**. Completed and signed forms may be returned to Cultivate by email (clientcare@cultivate.ngo), fax (303-443-1899), or regular mail. Once we have received your enrollment forms (**4 pages total**), we will contact you to start service.

Please feel free to call us for additional information. We look forward to serving you.

Sincerely,

Cultivate Program Staff

Consumer Information Assessment FAQ

Frequently Asked Questions



What is this form used for?

This information helps us to improve the quality of services, as well as develop and fund more programs designed to support older adults and caregivers in Boulder County.

Who is the Boulder County Area Agency on Aging?

The Boulder County Area Agency on Aging (BCAAA) provides leadership in assessing the strengths and needs of older adults in Boulder County. The BCAAA directs federal, state, county and other funds toward programs and services that provide many types of support and assistance to older adults and their family and informal caregivers.

How do I provide feedback?

We are always improving how we can assist you, and your input helps us do that. Contact us at (303) 441-1598 or BCAAACompliance@bouldercounty.org. Since we value your experience, we may at times ask for your feedback through surveys.

How do I file a complaint, grievance or appeal?

You have a right to share your experience with the BCAAA. If you feel that our response is not satisfactory, you or your caregiver may ask that the complaint be reviewed by the State Unit on Aging:

Boulder County Area Agency on Aging
Community Services Department
Sundquist Building
3482 Broadway Street
Boulder, CO 80304
(303) 441-1598
BCAAACompliance@bouldercounty.org

**Colorado Department of Human Services,
State Unit on Aging**
1575 Sherman Street, 10th Floor
Denver, CO 80203
(303) 866-2800

Can I make a donation?

Gifts to help our efforts are accepted - every dollar goes back into the programs and services designed for you and others in Boulder County. Donations are voluntary and are not required to receive services. You will be receiving a letter via email or mail soon with donation information along with a short survey.

What other resources are available?

The BCAAA can answer any questions you may have. You can contact a Resource Specialist at (303) 441-1617. Resources can also be found online at www.bouldercountyhelp.org.

How can I become more involved in aging issues and advocacy?

If you would like to become more involved in aging issues or services, such as volunteering, advocacy, or general assistance, we invite you to contact the BCAAA to learn how you can help make our communities more livable and enjoyable for all ages. Call the BCAAA at (303) 441-1617.



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Enrollment Packet

Page 1 of 4

Full Name: _____ DOB: _____

Address: _____

Phone: _____ Email Address: _____

Services Requested Check the service(s) you will use:

- Carry-Out Caravan
- Fix-It
- YardBusters – Boulder County residents only
- SnowBusters – Boulder County residents only
- VetsGo
- Usual Transportation? _____
- Mobility device? (Cane, Walker, Oxygen?) _____
- Do you have a disability (circle one)? Y N
- Do you have an ADA parking placard? Y N
- Do you have a Medicaid Number? Y N
- Do you own your home? Y N
- Do you have immediate family members (parent, spouse, child), related by blood, marriage, or adoption/foster, that are either active or have served as a veteran of the U.S. armed forces? Y N. If so, list name, how you're related, branch and position. _____
- How did you hear about us? _____
- Are you a member of the LGBT+ community? Y N
- What are your preferred pronouns? _____

Emergency/Caregiver Contact

Full Name: _____ Relationship to client: _____

Address: _____

City: _____ Zip Code: _____

Email address: _____

Primary phone: _____ Other phone: _____



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Waiver, Release &
Indemnification –
Page 2 of 4

I hereby release Cultivate staff, board of directors, its associates and volunteers for all liability for any injury, medical expenses or damages related to services I requested to be completed by Cultivate volunteers.

I indemnify and hold harmless the aforementioned from any and all claims, demands, losses, cause of action, lawsuits, judgments, including attorneys' fees and costs, arising out of or relating to activities related to services provided by the organization.

I attest that my involvement in receiving services from Cultivate is fully voluntary, and that I can decline services at any point and time by contacting the agency directly.

The undersigned understands that this Release, Waiver, and Indemnification shall be effective on the date of signature. By signing this document, the undersigned hereby acknowledges that he/she has read the above carefully and agrees to comply.

Name: _____

Signature: _____

Date: _____

Please complete both sides of this form and return to Cultivate.



Cultivate SnowBusters YardBusters Carry Out Fixit VetsGo	Staff Name: _____ Application Date: _____
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Demographics

Name: First, middle initial, Last	Age:	Birthdate: mm/dd/yyyy
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Gender: Female Male Other Unknown	Email: _____
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Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Monthly income range – Individual: (if applicable) <input type="radio"/> \$1,041 or less <input type="radio"/> \$1,042 to \$1,301 <input type="radio"/> \$1,302 to \$1,926 <input type="radio"/> \$1,927 or more Actual \$: _____	Monthly income range – Married: (if applicable) <input type="radio"/> \$1,409 or less <input type="radio"/> \$1,410 to \$1,761 <input type="radio"/> \$1,762 to \$2,607 <input type="radio"/> \$2,607 or more Actual \$: _____	Do you live alone? YES NO How many people live in your household? _____
Do you identify as: (Please select one) <input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White, non-Hispanic <input type="radio"/> Other _____	Are you visually impaired? (cannot be corrected with glasses) YES NO Do you have hearing problems? YES NO Are you a U.S. Veteran? YES NO What is your preferred language? _____	How did you hear about this service? <input type="radio"/> AAA brochure/Flyer <input type="radio"/> AAA Newsletter <input type="radio"/> Television <input type="radio"/> ADRC <input type="radio"/> Senior Center <input type="radio"/> Congregate Meal Site <input type="radio"/> I am a current client <input type="radio"/> Friend/Relative <input type="radio"/> Internet <input type="radio"/> Walk-in <input type="radio"/> Other _____

I have been informed of the Boulder County Area Agency on Aging's (BCAAA) policies regarding voluntary contributions, complaint procedures, and appeals rights. I am aware that in order to receive requested services, it may be necessary to share information with other BCAA programs or service providers and I herewith give my consent to do so.

Staff: Initial here if consent to share information is NOT given by the client _____

Signature _____ Date _____

Nutrition Checklist

If answer is 'Yes', circle the #.
Add the #s to determine total nutritional score.

	YES	NO	#
I have an illness or condition that made me change the kind and/or amount of food I eat.			2
I eat less than 2 meals per day.			3
I eat few fruits or vegetables or milk products.			2
I have 3 or more drinks of beer, liquor, or wine almost every day.			2
I have tooth or mouth problems that make it hard for me to eat.			2
I don't always have enough money to buy the food I need.			4
I eat alone most of the time.			1
I take 3 or more different prescribed or over the counter drugs a day.			1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.			2
I am not always physically able to shop, cook and/or feed myself.			2
0-2 = No Risk 3-5 = Moderate Risk 6 or more = High Risk			Total '#':

Boulder County residents 60+ are eligible for 2 Nutrition Counseling sessions at no cost. These are provided by registered dietitians who have expertise in the nutrition concerns of older adults. YES NO

Would you like to be contacted about scheduling an appointment?

Activities of Daily Living (ADLs)			Instrumental Activities of Daily Living (IADLs)		
I can bathe myself without help.	YES	NO	I can manage money without help.	YES	NO
I can dress myself without help.	YES	NO	I can take care of shopping without help.	YES	NO
I can get around in my home without help.	YES	NO	I can take my medication without help.	YES	NO
I can use the toilet without help.	YES	NO	I can prepare meals without help.	YES	NO
I can eat without help.	YES	NO	I can do ordinary housework without help.	YES	NO
I can get in and out of bed/chairs without help.	YES	NO	I can use the telephone without help.	YES	NO
			I can use transportation without help.	YES	NO
Total ADL 'NO':			Total IADL 'NO':		

Do you require Home Health Aide based on orders from a physician? YES NO

Are you homebound according to a physician, county health nurse or home health agency YES NO

Are you receiving assistance with ADLs or IADLs from anyone? YES NO

If yes, from whom? _____

Can you perform chore activities without help? YES NO

If no, please provide reason: _____

Carry-Out Caravan: How the program works

- Our Carry-out Caravan program connects members of the community with seniors who face the challenge of securing reliable access to groceries. Our friendly volunteers provide caring assistance throughout the entire process of ordering, purchasing and delivering groceries from our partner, King Soopers, straight to seniors' homes.
- You are responsible for the cost of your groceries, and can pay with a credit or debit card. A Cultivate staff member will contact you to collect your card information after you have returned the program enrollment forms. We record your card number and keep it safely on file. Cultivate runs your credit card for the cost of your groceries.
- Carry-Out Caravan is closed on major holidays. We will remind you of these closures so that you may adjust your order the week prior to the holiday. There may be days when we close unexpectedly due to weather; we are not able to switch our shopping days in those situations.

Ordering

Volunteers are available the day before a shopping day to take your order by phone. You may also email your order to groceries@cultivate.ngo as long as it is received before 3:00 PM on the order day.

Ordering Days:

- Longmont: Mondays — 8:00 a.m. to 3:00 p.m. Order phone number 303.241.4426
- Broomfield/Lafayette/Louisville/Golden West: Tuesdays — 8:00 a.m. to 3:00 p.m. Order phone number 303.415.0707
- Boulder: Wednesdays — 8:00a.m. to 3:00 p.m. Order phone number 303.415.0707

Although our volunteer order takers and shoppers work hard to get exactly what you want, we can't guarantee that we'll get it right every time. You can help make sure we get the right item by being very specific about what you want when speaking to your order taker. We need to know: Brand, Item Name, Size and Variety. Tell us if we can substitute something similar if your item isn't available and let us know when you do NOT want substitutions. If you email your order, please be very specific and be sure to include all these details.

Please organize your grocery order; produce, dairy, frozen, meat, bakery, etc. And since many of our volunteers are also seniors, we ask that you keep the size of your orders within reason so they can more easily handle it. You may order anything that is on the shelves at King Soopers except alcohol, tobacco, ice cream products or prescriptions at the pharmacy.

Shopping and delivery

On your shopping day, a team of volunteers shops for you in the morning. Here are a few tips to remember on shopping days:

- **Questions:** Volunteers will shop from 7:00am-noon and they have many questions regarding your order. Please try to be available by phone to answer any questions. If we cannot contact you, what action our volunteers take is at the discretion of our Carry-Out Caravan manager.
- **Delivery Times:** Groceries will be delivered by a volunteer between 9:00 a.m. and 1:00 p.m. Please be at home to accept your groceries. Your friendly volunteer can also assist you in putting away your groceries. We use reusable cloth shopping bags, so please return your empty bags to your driver.
- **Shopping Discounts & Coupons:** We are able to get you the King Soopers Club Card discounts on your order but, unfortunately, we can't accommodate digital or any additional coupons you may have.
- **When Your Order is Delivered:** Your receipt and grocery order form will be stapled to your grocery bag. If you have questions about your order or the receipt, call the Cultivate office at 303.443.1933.
- **Item Returns:** Perishable items are not returnable. If you have something else that was a mistake on our part and you really want to return it, contact the Cultivate office and we'll help you with the return process.

Fix-It

Minor home repairs,
grab bar installation.

Fix-It: How the program works

- Our skilled volunteers promote safety and provide friendly interactions by visiting seniors' homes to perform simple home repairs, wheelchair/walker repairs, and grab bar installations.
- At no cost to you, our volunteers provide the skill, labor and tools needed to perform the job. Clients must provide the materials for the project, e.g. grab bars, batteries or toilet tank components. Your volunteer can help you if you are unsure of what materials to buy.
- To place a service request, call our office at 303.443.1933, Monday through Friday, 8:00am–4:00pm. Once the job has been picked up, a volunteer will call you to schedule the job at a time that is convenient for you both.
- How quickly we can schedule your project depends on volunteer availability. A volunteer will usually pick up your job within 2-14 days. Unfortunately, we are not able to respond to emergency or last-minute requests for service.
- If you rent your house or apartment, we may need written permission from your landlord before we can do the work
- Always go through the Cultivate office to request service. **Do not contact the volunteer directly.**

Examples of jobs our volunteers CAN do for you

- Install grab bars and handrails (on wood, ceramic and drywall!)
- Minor plumbing repairs
- Install hand-held shower heads
- Perform minor electrical repairs
- Replace light bulbs and smoke detector batteries
- Repair walkers and/or wheelchair repairs
- Hang pictures, blinds, curtains and shelving
- Technology: Program remote controls, email set up, connection to WiFi, help with phones
- Haul away HazMat (old paint, stain, oil, etc.)

If you have a job that's not on this list, simply ask us and we'll let you know if it's possible!
(See the next page to discover what jobs our volunteers cannot do).



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Fix-It

Minor repairs, grab bar installation.

Examples of jobs our volunteers CANNOT do for you

- Repairs that are the responsibility of a landlord, property manager or HOA
- Work that requires a licensed professional or a permit
- Work that requires climbing on a ladder higher than 8 feet
- Appliance repair (washers, dryers, refrigerators, dishwashers, microwaves)
- House cleaning or painting
- Carpentry
- Moving, packing or unpacking, hauling
- Yardwork (our YardBusters program covers this need)
- Snow removal (our SnowBusters program covers this need)
- Ongoing computer technical support or hardware upgrades
- Work on a home you don't live in or a property used for business
- Flooring installation

YardBusters/SnowBusters: How the programs work

- YardBusters and SnowBusters are our seasonal programs.
- Our YardBusters program connects volunteers with seniors who face the challenge of maintaining their yard in the Spring, Summer and Fall months. A group of volunteers will come one time during the Spring, Summer or Fall to provide simple yard cleanup. Unfortunately, we cannot provide regular lawn care.
- Our SnowBusters program connects volunteers with seniors who face the challenge of securing safe access to their home after snowstorms in the Winter. Within 24 hours of a snowstorm, if there is more than one inch of snow and no forecast of sun or melting, our volunteers will visit seniors' homes to shovel snow.
- For our YardBusters and SnowBusters programs, we ask that the client provide any tools needed. (Cultivate does provide YardBuster volunteers with some yard tools.)
- Please be aware that we rarely have enough volunteers to meet the demand. If we're not able to find a volunteer for you, we can provide referrals to for-hire companies.



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VetsGo door-to-door, round-trip rides for veterans and family members including to V.A. facilities

VetsGo: How the program works

- Our VetsGo program connects volunteers with Boulder County veterans, their spouses, parents or children, age 60+, who face the challenge of obtaining reliable transportation to and from all medically-related appointments including to VA facilities.
- We require seven days advance notice for all ride requests.
- All riders must be age 60+.
- Our drivers have passed a state background and motor vehicle record check, and have current driver's licenses and car insurance. Cultivate provides additional auto and liability insurance for our volunteers.
- This is an escorted service. Your driver can only accompany you as far as the waiting room. Our volunteers do not go into the actual appointment with you.
- Unfortunately, we are unable to accommodate wheelchairs. You must be able to get in and out of the car independently. However, our volunteers can offer a hand or arm for balance.
- If you have an ADA parking placard, please bring it with you.
- Because we depend on finding you a volunteer driver, **we cannot guarantee you a ride every time you request one.** We will contact you when we do find an available volunteer driver. If we cannot find a driver for you, we will call you at least 1 business day in advance.
- We are not able to provide rides to clients enrolled in a Medicaid program. You must use the specified transportation provider for Medicaid. If you are on Medicaid and looking for a ride, call Veyo at 303.866.2993 as they are the Medicaid transportation provider!
- Always go through our office to schedule rides. Please do not contact a volunteer directly to ask if they can drive you to an appointment. If you contact a volunteer directly, this could affect your "good standing" status, which will result in a three-month probationary period in which you will not be able to request services.
- Please understand that volunteers are donating their time to this program. If you cancel three rides in a two-month period because you have decided to cancel the appointment or have a friend drive you, this could affect your "good standing" status. Three non-emergency related cancellations can result in a three-month probationary period in which you will not be able to request services. However, if you cancel because you are sick or your doctor cancelled, there will be no repercussions.



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VetsGo door-to-door, round-trip rides for veterans and family members including to V.A. facilities

Scheduling a ride

To schedule a ride, call our office at 303.443.1933 ex. 414. If you reach our voice mail, leave your name and the ride details listed below, and we will schedule your request for you. You can also send your request through email, to vetsgo@cultivate.ngo.

When making a ride request, we need to know:

- 1) Name and address of VA or medical facility
- 2) Your doctor's name
- 3) Date and time of appointment
- 4) Requested pick-up time
- 5) Expected length of appointment.

We must have at least 7 days' notice to schedule your ride. We need that time to find a volunteer driver, and the more notice you give us, the more likely we will find you a driver. Unfortunately, we cannot provide emergency or last-minute services.

The day of your ride

- Your volunteer driver will call you 1-3 days before your ride to confirm the time of the appointment and your address.
- Please be ready at the specified pickup time.
- Please wear a seatbelt while in the car!
- Discuss with your driver whether you want them to accompany you inside the building and/or where to meet you after your appointment.
- If your driver does not show up on time, call our office immediately.
- If at any time you feel uncomfortable with your volunteer or their driving, you may ask the volunteer to take you home. Afterwards, please call our office and let us know your concerns.



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Complaint Form

If you have a complaint, please fill out this form (see following page for more detail)

Your Information

Full Name: _____

Address: _____

City: _____ Zip Code: _____

Email address: _____

Primary phone: _____ Other phone: _____

Do you prefer that we contact you by:

Email Phone Either is fine

Complaint of unsatisfactory service

Please use the space below to explain the details of your complaint. You may use additional pages if necessary.

Signature: _____ Date: _____



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Complaint Procedures

We want you to be pleased with the services you receive through Cultivate. However, if you are unsatisfied, you have the right to register a complaint. You may file your complaint by phone, email, or in writing by using the form provided. Our contact information is as follows:

Address: 6325 Gunpark Drive Suite F, Boulder, CO 80301

Phone: 303.443.1933

Email: clientcare@cultivate.ngo

Your complaint must be filed within thirty (30) days of the incident. If not using the attached form, please include your name, address, phone number, date(s) and reason(s) for the complaint.

The complaint will be reviewed by our Programs Team who will respond in writing to you within fifteen (15) working days of receiving the complaint. We will maintain a complete record of the original complaint and our written response, and make those records available for inspection by Boulder County Area Agency on Aging and the State Division on Aging and Adult Service

If our response is not satisfactory, you may request that the original complaint be submitted for review to Boulder County Area Agency on Aging (BCAAA), **P.O. Box 471, Boulder, CO 80306; 303-441-3570; BCAAAcompliance@bouldercounty.org**. Within thirty (30) calendar days BCAAA will review and respond to you regarding your request. BCAAA may recommend alternative solutions.

If the recommendation by BCAAA is considered not satisfactory, you may appeal by submitting the complaint within ten (10) calendar days of the recommendation by BCAAA to the Colorado Department of Human Services, Division of Aging and Adult Services, **Attention: Division Director, 1575 Sherman Street, 10th Floor, Denver, Colorado 80203; 303-866-2800**. The Division Director will provide a response to you within thirty (30) calendar days of receiving your appeal. The response will include information for requesting an appeal hearing.

If at any point during this complaint process you and Cultivate reach a mutual resolution that resolves the issue(s) in question, the complaint and hearing process will be terminated.

At Cultivate, our employees and volunteers respect your right to complain, and will respond in a timely and courteous manner.

