



seniors flourishing in every community

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**. Completed and signed forms may be returned to Cultivate (formerly Boulder County CareConnect) by email, 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 in Boulder County.

### How do I provide feedback?

We are always improving how we can assist you, and your input helps us do that. Contact either Cultivate (303-443-1933) or the Area Agency on Aging (303-441-3570). Since we value your experience, we ask for feedback in annual surveys.

### How do I file a complaint, grievance or appeal?

You have a right to give us feedback about your service experience. If you think our response is not satisfactory, you or your caregiver may ask that the complaint be reviewed by the Area Agency on Aging or State Unit on Aging:

Boulder County Area Agency on Aging  
Community Services Department  
Sundquist Building  
3482 Broadway Street  
Boulder, CO 80304  
(303) 441-3570  
AAAfeedback@bouldercounty.org

Office of Adult, Disability & Rehab Services  
Aging and Adult Services  
1575 Sherman Street, 10<sup>th</sup> Floor  
Denver, CO 80203  
(303) 866-2800 (Main Line)  
(303) 866-2696 (Fax)  
(888) 866-4243 (Toll Free)

### 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. Speak to program staff about making a donation.

### Who is the Boulder County Area Agency on Aging?

The Area Agency on Aging (AAA) provides leadership in assessing the strengths and needs of older adults in Boulder County. The Agency 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 caregivers.

### 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 AAA to learn how you can help make our communities more livable and enjoyable for all ages. Call the AAA at (303)441-3570.

### What other resources are available?

The AAA can answer any questions you may have. You can contact their resource specialists at (303) 441-1617. Resources can also be found online at [www.bouldercountyhelp.org](http://www.bouldercountyhelp.org).





seniors flourishing in every community

Enrollment Packet

Page 1 of 4

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

- Carry-Out Caravan
- Fix-It
- YardBusters
- SnowBusters
- Medical Mobility

- 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, related by blood, marriage, or adoption, that are either active or have served as a veteran of the U.S. armed forces? Y N
- How did you hear about us? \_\_\_\_\_

Emergency/Caregiver Contact

Full Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Additional information about the client, their residence or situation: \_\_\_\_\_

\_\_\_\_\_



seniors flourishing in every community

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.



<b>Cultivate</b> SnowBusters YardBusters Carry Out Fixit MedMob	Staff Name: _____ Application Date: _____
--	---

**Demographics**

Name: _____ First, middle initial, Last	Age: _____	Birthdate: _____ mm/dd/yyyy
--	------------	--------------------------------

Gender:    Female    Male    Other    Unknown	Email: _____
---	--------------

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Monthly income range – Individual: (if applicable) <input type="radio"/> \$1005 or less <input type="radio"/> \$1,006 to \$1,256 <input type="radio"/> \$1,287 to \$1,859 <input type="radio"/> \$1,860 or more Actual \$: _____	Monthly income range – Married: (if applicable) <input type="radio"/> \$1,353 or less <input type="radio"/> \$1,354 to \$1,691 <input type="radio"/> \$1,692 to \$2,503 <input type="radio"/> \$2,504 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 _____

This service is funded by the Boulder County Area Agency on Aging. Would you like to know more about: <input type="radio"/> BCAA Newsletter <input type="radio"/> BCAA Volunteer Opportunities <input type="radio"/> Aging & Disability Resources <input type="radio"/> Nutrition & Wellness	If so, how would you like us to contact you? <input type="radio"/> Mail <input type="radio"/> Phone <input type="radio"/> Email (please provide): _____
---	--

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 eat 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 bathe myself 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 get in & out of bed/chairs without help.	YES	NO	I can do ordinary housework without help.	YES	NO
I can get around in my home without help.	YES	NO	I can use the telephone without help.	YES	NO
Total 'NO': ____			Total 'NO':		
Are you receiving assistance with ADLs or IADLs from anyone? <span style="float: right;">YES NO</span>					
If yes, from whom? _____					
Can you perform chore activities without help? <span style="float: right;">YES NO</span>					
If no, please provide reason: _____					

**Energy Needs Assessment:**

Would you be interested	YES	NO
Is your house drafty?	YES	NO
Do you have trouble paying your utility bills?	YES	NO

## 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, debit or Quest 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, keep it safely on file, and use it only on days that you order.
- 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](mailto: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
- 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 and tobacco. Unfortunately, we are not able to pick up your prescriptions for you.



seniors flourishing in every community

## Carry-Out Caravan

Grocery ordering,  
shopping and delivery.

### 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 7:00-12:30am 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 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
- Program remote controls, email set up, connection to WiFi, help with phones

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).



seniors flourishing in every community

### 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

## Medical Mobility

Escorted rides to and from medical appointments.

### Medical Mobility: How the program works

- Our Medical Mobility program connects volunteers with seniors who face the challenge of obtaining reliable transportation to and from their medical appointments. Our volunteers pick up seniors and escort them to and from their home and their medical appointments.
- We require seven days advance notice for all ride requests.
- Our Veterans Medical Mobility goes to all the VA Facilities, we even try to match Veteran clients to Veteran drivers.
- 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. However, 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 may be able to connect you with a ride through other transportation services.
- 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.
- 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 we 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.

The Medical Mobility program is provided in partnership with Via Mobility Services.

## 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.

When making a ride request, we need to know:

- 1) Name and address of 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.



seniors flourishing in every community

## Yard/SnowBusters

Seasonal yard/snow  
cleanup.

### 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, the client is responsible for any tools needed, with the exception of volunteer transportation.



seniors flourishing in every community

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 below. Our contact information is as follows:

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

**Phone:** 303.443.1933

**Email:** [clientcare@cultivate.ngo](mailto: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**. Within thirty (30) calendar days BCAA will review and respond to you regarding your request. BCAA may recommend alternative solutions.

If the recommendation by BCAA is considered not satisfactory, you may appeal by submitting the complaint within ten (10) calendar days of the recommendation by BCAA to the Colorado Department of Human Services, Division of Aging and Adult Services, **Attention: Division Director, 1575 Sherman Street, 10th Floor, Denver, Colorado 80203**. 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.

