



## **STOP FALLS : A SHARE THE CARE NAPA VALLEY PROGRAM**

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### **CLIENT VOLUNTARY CONTRIBUTION POLICY**

The Share the Care Napa Valley Stop Falls Program is funded in part by the Older American's Act. The Older American's Act funding does not cover the full cost of services provided. Voluntary contributions in any amount to help cover costs are appreciated. If a client would like to voluntarily contribute to the cost of the modifications/repairs in part or in whole, they may contribute online or by mailing a check to Share the Care Napa Valley.

There is no obligation to contribute. Contributions are voluntary and confidential. No one will be denied services due to the inability to contribute.



## **STOP FALLS : A SHARE THE CARE NAPA VALLEY PROGRAM**

### **CLIENT VOLUNTARY CONTRIBUTION FORM**

Share the Care Napa Valley Stop Falls Program will perform/install modifications/repairs for qualified clients in their homes at the recommendation of a licensed occupational therapist free of charge by a licensed contractor.

If there are changes that are recommended, but not allowable and/or affordable under the Share the Care Napa Valley Stop Falls Program; or if the client would like additional alterations made, the client may choose to privately employ the Share the Care Napa Valley Stop Falls contractor, or a contractor of their choice, and privately pay to complete the tasks.

The Share the Care Napa Valley Stop Falls Program is funded in part by the Older American's Act. The Older American's Act funding does not cover the full cost of services provided. Voluntary contributions in any amount to help cover costs are greatly appreciated.

If a Share the Care Napa Valley Stop Falls Program client would like to voluntarily contribute to the cost of the modifications/repairs in part or in whole, the contribution would be welcomed, however is never expected, or required. There is no obligation to contribute. Contributions are voluntary and confidential. No one will be denied services due to the inability to contribute.

Contributions may be made online at [www.sharethecarenapavalley.org](http://www.sharethecarenapavalley.org) or by mailing a check to:

Share the Care Napa Valley  
c/o Senior Helpers  
1100 Trancas Street, Suite 105  
Napa, CA 94558

I understand there is no obligation to contribute to the cost of service provided to me under the Stop Falls Program; that contributions are voluntary and confidential and that I will not be denied services due to the inability to contribute.

I also understand voluntary contributions in any amount to help cover costs are appreciated. Thank you for supporting the Stop Falls Program.

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Stop Falls Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stop Falls Client Printed Name

\_\_\_\_\_  
Stop Falls Representatives Name