



7300 NEWPORT AVE, #100
NORFOLK, VIRGINIA 23505
TELEPHONE (757) 625-5857
www.primeplus.org

MEMBERSHIP

Membership Fee: \$30.00
Application Fee: \$10.00

<p><i>The following items are confidential and assist us in providing statistics for grant purposes. Personal information is NEVER released. Only demographic information is used.</i></p>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mr /Mrs/ Miss/Ms	Last Name	First Name	Middle Initial
Street Address		City	
State	Zip Code	Home Telephone	
		Cell Phone/Alternate	
Nickname		Birth Date	Birth Place
Spouse's Name		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
E Mail Address		Email Program Guide <input type="checkbox"/> No <input type="checkbox"/> Yes	

Federal Income Level: A B C D E F G (See chart on back.)

Gender: Male Female

Ethnicity: African/Am Asian Native Am White Other _____

Housing: House Apartment Room Condo Other _____

Living Arrangement: Rent Own Share

Household: Head of Household Live Alone Live with Spouse Live with Another

Affiliations: _____ Retired From: _____ Year: _____

Emergency Contact: _____ Phone: _____

Address: _____ Relationship: _____

Physician in case of illness/injury: _____

Telephone Number: () _____ - _____ Additional Info: _____

Are you interested in volunteering? If Yes, what area: _____ (Ex. Office)

If you need transportation, and reside in Norfolk, you may be eligible for Transportation Service.

Available: Mon Wed Thur Other preferred day(s) Tuesday Friday *if available*

Please indicate your areas of interest: Arts & Crafts Computer Dancing Education

Exercise/Wellness Games Arts & Humanities Lunch Fun w/Friends Woodshop

Other Interests? _____

Photo Release: Yes *I hereby authorize photos to be taken of me that may be used in any way deemed appropriate by Primeplus. If I do not wish to be in photos, I will remove myself voluntarily out of view.*

Office Use: Membership Number _____ Registration Date

**CHART 1 - MAJORITY OF STATE
FEDERAL POVERTY / VDA SLIDING FEE SCALE
EFFECTIVE JULY 1, 2009**

Federal Poverty		Client Name: _____ SSN: _____						
NUM. IN FAMILY		GROSS INCOME Level A	GROSS INCOME Level B	GROSS INCOME Level C	GROSS INCOME Level D	GROSS INCOME Level E	GROSS INCOME Level F	GROSS INCOME Level G
		No Charge	10% Charge	25% Charge	50% Charge	75% Charge	95% Charge	100% Charge
1	Annual	\$0 - 10,830	10,831 - 11,913	11,914 - 14,436	14,437 - 18,043	18,044 - 21,660	21,661 - 27,075	27,076 and above
	Monthly	\$0 - 903	904 - 993	994 - 1,203	1,204 - 1,504	1,505 - 1,805	1,806 - 2,256	2,257 and above
2	Annual	\$0 - 14,570	14,571 - 16,027	16,028 - 19,422	19,423 - 24,274	24,275 - 29,140	29,141 - 36,425	36,426 and above
	Monthly	\$0 - 1,214	1,215 - 1,336	1,337 - 1,618	1,619 - 2,023	2,024 - 2,428	2,429 - 3,035	3,036 and above
3	Annual	\$0 - 18,310	18,311 - 20,141	20,142 - 24,407	24,408 - 30,504	30,505 - 36,620	36,621 - 45,775	45,776 and above
	Monthly	\$0 - 1,526	1,527 - 1,678	1,679 - 2,034	2,035 - 2,542	2,543 - 3,052	3,053 - 3,815	3,816 and above
4	Annual	\$0 - 22,050	22,051 - 24,255	24,256 - 29,393	29,394 - 36,735	36,736 - 44,100	44,101 - 55,125	55,126 and above
	Monthly	\$0 - 1,838	1,839 - 2,021	2,022 - 2,449	2,450 - 3,061	3,062 - 3,675	3,676 - 4,594	4,595 and above
5	Annual	\$0 - 25,790	25,791 - 28,369	28,370 - 34,378	34,379 - 42,966	42,967 - 51,580	51,581 - 64,475	64,476 and above
	Monthly	\$0 - 2,149	2,150 - 2,364	2,365 - 2,865	2,866 - 3,581	3,582 - 4,298	4,299 - 5,373	5,374 and above
6	Annual	\$0 - 29,530	29,531 - 32,483	32,484 - 39,363	39,364 - 49,197	49,198 - 59,060	59,061 - 73,825	73,826 and above
	Monthly	\$0 - 2,461	2,462 - 2,707	2,708 - 3,280	3,281 - 4,100	4,101 - 4,922	4,923 - 6,152	6,153 and above
7	Annual	\$0 - 33,270	33,271 - 36,597	36,598 - 44,349	44,350 - 55,428	55,429 - 68,540	68,541 - 83,175	83,176 and above
	Monthly	\$0 - 2,773	2,774 - 3,050	3,051 - 3,696	3,697 - 4,619	4,620 - 5,545	5,546 - 6,931	6,932 and above
8	Annual	\$0 - 37,010	37,011 - 40,711	40,712 - 49,334	49,335 - 61,659	61,660 - 74,020	74,021 - 92,525	92,526 and above
	Monthly	\$0 - 3,084	3,085 - 3,393	3,394 - 4,111	4,112 - 5,138	5,139 - 6,168	6,169 - 7,710	7,711 and above
Each Added Person	Annual	\$0 - 3,740	3,741 - 4,114	4,115 - 4,985	4,986 - 6,231	6,232 - 7,480	7,481 - 9,350	9,351 and above
	Monthly	\$0 - 312	313 - 343	344 - 415	416 - 519	520 - 623	624 - 779	780 and above

Based on the poverty guidelines published in the January 23, 2008 edition of the Federal Register, Vol. 74, No. 14, pages 4199-4201.
Based on the Department of Health's "Regulations Governing Eligibility Standards And Charges For Health Care Services To Individuals", 12VACS-200.