



City of La Habra Heights
 Paramedic Membership Program -
 GRANT
 1245 N. Hacienda Road
 La Habra Heights, CA 90631
 (562) 694-6302

2018 Paramedic Membership Program GRANT Application

****New memberships will be effective upon receipt by the City****

What is the Paramedic Membership Program GRANT?

The City of La Habra Heights received \$22,000 in Community Development Block Grant (CDBG) funds from the Community Development Commission of the County of Los Angeles. With these funds, the City will pay the \$45.00 cost of the Paramedic Membership Program for up to 486 senior households for calendar year 2018.

Who is eligible to receive the Paramedic Membership Program GRANT?

The GRANT is only available to household subscriptions, not businesses. To be eligible for the GRANT program, a household member must meet the following requirements:

1. Age 55 years and older; and
2. La Habra Heights resident.

I paid for my 2018 Paramedic Membership Program subscription, can I still receive the GRANT?

Yes! The GRANT will cover your 2018 Paramedic Membership Program subscription and your 2018 payment will be applied toward your 2019 Paramedic Membership Program subscription.

How do I apply for the Paramedic Membership Program GRANT?

Apply for the GRANT in three easy steps: 1. Fill out the Paramedic Membership Program GRANT Application. 2. Attach a copy of an identification document (passport, driver's license, CA issued identification card...) showing you are 55 years and older and showing a valid La Habra Heights address. 3. Mail or drop off the documents at City Hall, 1245 N Hacienda Road, La Habra Heights, CA 90631.

The GRANT will be allocated on a first-come, first-serve basis.

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I already paid for my 2018 Paramedic Membership Program subscription and qualify for the Paramedic Membership Program GRANT. (Fill-out part A only.)

I have not paid for my 2018 Paramedic Membership Program subscription, but qualify for the Paramedic Membership Program GRANT. (Fill-out parts A, B and C.)

A.

LHH Address:	
Phone:	
Email Address:	

List **ALL** Household or Business Members to be covered (attach additional pages if needed):

B.

First Name	Last Name
Total Number of Members:	

C. Please read and sign the agreement on the back side of this form.



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PARAMEDIC MEMBERSHIP PROGRAM GRANT ENROLL NOW!

Mailing Address (if different from residence address):

Contact Name:		Contact Phone:	
Mailing Address:			

Paramedic Membership Program Agreement

I understand and acknowledge the following:

- I understand that the City will not refund payments made for the 2018 Paramedic Membership Program. If I paid for the 2018 Paramedic Membership Program subscription, my 2018 payment will be credited to my 2019 Paramedic Membership Program subscription.
- I understand that to be eligible for the Paramedic Membership Program GRANT, I must submit a copy of identification document(s) and those documents will only be used to confirm eligibility for the GRANT program.
- I understand that I must be a resident located within the City of La Habra Heights to enroll in the program.
- I understand that the membership fee provides protection for all permanent members of my household located within the City of La Habra Heights. It is my responsibility to contact the City of La Habra Heights to add or remove any permanent members of my household.
- I understand that the fee protection applies only to First Responder/Emergency Medical treatment performed by the La Habra Heights Fire Department.
- I understand that the City of La Habra Heights PMP Subscription Program does NOT include ambulance transportation costs. These fees are billed separately by the ambulance company.
- I understand the City of La Habra Heights reserves the right to bill any insurance that I, or any covered member of my household, may have. I further authorize the release of emergency medical/insurance information for the purpose of emergency medical service billing only.
- I understand that membership is non-transferable and any violations of the terms of this agreement and/or other abuses of membership as deemed by the Fire Chief could result in the cancellation of my membership.

I have read and understand the Paramedic Membership Program Agreement. I understand that the City of La Habra Heights will bill any insurance that I, or any covered member of my household, may have.

I understand for the First Responder/Emergency Medical costs to be covered by the program, the application and payment for the Paramedic Membership Program must be received by the City prior to First Responder/Emergency Medical treatment.

 Head of Household Signature

 Date