

CARE PLANS ARE ACCEPTED ONLY
 FROM PARTICIPATING SENIOR
 COMPANION STATIONS.

CARE PLAN AND LETTER OF AGREEMENT

 DATE: _____
 VOLUNTEER STATION: _____ STATION LIAISON/CASE MANAGER: _____
 CLIENT NAME: _____ PHONE: _____ M OR F _____
 ADDRESS: _____

A. CLIENT EMERGENCY INFORMATION:

 CONTACT NAME/RELATIONSHIP: _____ PHONE: _____
 PHYSICIAN: _____ PHONE: _____
 DIRECTIONS FOR EMERGENCY: _____

Medical Emergency: Call 911; Call your Volunteer Station at (____) _____ and the SCP at (216) 791- 8000.

B. ASSESSMENT OF CLIENT'S PROBLEMS: _____

C. NAME OF SENIOR COMPANION: _____

D. SERVICES TO BE PERFORMED: (PLEASE CHECK ALL THAT APPLY)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> EXERCISE ASSISTANCE | <input type="checkbox"/> MEALS /SNACKS (LIGHT) | <input type="checkbox"/> SOCIALIZATION | <input type="checkbox"/> COMPANIONSHIP |
| <input type="checkbox"/> DRESSING ASSISTANCE | <input type="checkbox"/> LIGHT HOME MAKING | <input type="checkbox"/> MENTAL STIMULATION | <input type="checkbox"/> OBSERVATION |
| <input type="checkbox"/> GROOMING ASSISTANCE | <input type="checkbox"/> ORGANIZE MAIL | <input type="checkbox"/> ERRANDS | <input type="checkbox"/> RECREATIONAL |
| <input type="checkbox"/> RESPITE CARE | <input type="checkbox"/> OUTDOOR ACTIVITIES | <input type="checkbox"/> ESCORT | <input type="checkbox"/> OTHER: _____ |

E. LIST SPECIFIC INSTRUCTIONS (IF APPROPRIATE): _____

F. SERVICE SCHEDULE: M T W TH F TIME _____

G. ANTICIPATED OUTCOME: (PLEASE CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> IMPROVE/MAINTAIN SOCIAL SKILLS | <input type="checkbox"/> IMPROVE/MAINTAIN HOME ENVIRONMENT |
| <input type="checkbox"/> IMPROVE/MAINTAIN EMOTIONAL SKILLS | <input type="checkbox"/> IMPROVE MAINTAIN INDEPENDENCE |
| <input type="checkbox"/> IMPROVE/ MAINTAIN HEALTH STATUS | <input type="checkbox"/> PROVIDE CARE GIVER RELIEF |
| <input type="checkbox"/> IMPROVE/ MAINTAIN NUTRITIONAL STATUS | |

H. OTHER AGENCY INVOLVED: _____

I. THE VOLUNTEER STATION STAFF WILL MONITOR MONTHLY THE CLIENT'S STATUS AND THE APPROPRIATENESS OF THE ASSIGNMENT. THE VOLUNTEER STATION STAFF SUPERVISES THE SCP VOLUNTEER IN COLLABORATION WITH SENIOR COMPANION PROGRAM STAFF.
J. SIGNATURES SIGNIFY AGREEMENT TO THE ABOVE CARE PLAN/LETTER OF AGREEMENT.

 CLIENT/REPRESENTATIVE

 DATE

 SENIOR COMPANION

 DATE

 STATION LIAISON/CASE MANAGER

 DATE

 SCP STAFF

 DATE