



Senior Companion Program  
 Benjamin Rose Institute on Aging  
 11890 Fairhill Road  
 Cleveland, Ohio 44120-1053  
 216.791.8000  
 216.373.1814 FAX

**Senior Companions**  
 Make Independence a Reality

**STATION SITE VISIT**

Station: \_\_\_\_\_

Reviewer: \_\_\_\_\_

1. How many volunteers does you station have? \_\_\_\_\_
2. Do you need additional volunteers at this station? \_\_\_\_\_  
 If yes how many? \_\_\_\_\_
3. How often do you meet with your Senior Companion volunteer?  
 MONTHLY      BIMONTHLY      QUARTERLY      ANNUALLY
4. How often is the client/participant assessed for changes?  
 MONTHLY      BIMONTHLY      QUARTERLY      ANNUALLY
5. Are Senior Companion files kept separate?    YES    NO
6. Does your agency have incidents reports?    YES    NO    How many incidents have  
 you reported concerning a Senior Companion this year? \_\_\_\_\_
7. Do Senior Companion visits take place at this site?    YES      NO
8. Is your station wheelchair accessible?    YES      NO
9. If yes, are all entrance and doorways wheelchair accessible throughout your program  
 area? \_\_\_\_\_
10. Do you have wheelchair accessible restrooms?    YES      NO
11. If yes, how many? \_\_\_\_\_

**(OVER)**

12. Do you provide transportation services for volunteers? YES NO

13. If yes, is your transportation service wheelchair accessible? \_\_\_\_\_

14. Do you have Care Plan/ Letter of Agreements for all of your volunteers? YES NO

15. How often are the Care Plan/ Letter of Agreements reviewed?

MONTHLY BIMONTHLY QUARTERLY ANNUALLY

**COMPLETE QUESTIONS 16 & 17 ONLY WHEN MOU IS DUE TO EXPIRE**

16. Your MOU is due to expire on \_\_\_\_\_.

17. Your new MOU will be emailed on \_\_\_\_\_ for your review. We will  
meet on \_\_\_\_\_ to finalize the MOU.

SCP NOTES:



Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Senior Companion Program Administrator \_\_\_\_\_

**NOTE: A LETTER OF ACKNOWLEDGEMENT WILL BE SENT TO YOU WITH A SIGNED COPY OF THIS FORM FOR YOUR RECORDS.**