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I) INTRODUCTION

A) Important Contact Information

1) Your local area Volunteer Coordinator is:
   (a) Name:
   (b) Address:
   (c) Telephone Number:
   (d) Email:

2) Contact Information for the Flagstaff Office
   (a) Administrative Associate
   (b) Name: Leah Hardwick
   (c) Address: PO Box 5063, Flagstaff, AZ 86011
   (d) Local Number: 928-523-3560
   (e) Toll-Free Number: 866-856-3017
   (f) Email: Leah.Hardwick@nau.edu

B) Program Description

1) The Senior Companion Program works with public and private agencies
   enabling Senior Companion volunteers to serve adults with special
   needs.

2) It has the dual purposes of:
   (a) engaging persons 55+, particularly those with limited incomes, in
       volunteer service to meet critical community needs;
   (b) and to provide a high quality experience that will enrich the lives of
       the volunteers.

3) Program funds are used to support Senior Companions in providing
   supportive individualized services to help adults with special needs
   maintain their dignity and independence.

C) Program Goals

1) Enable persons aged 55 and older, who meet income guidelines to
   remain physically and mentally active and to enhance their self-esteem
   through continued community services.
2) Provide supportive and individualized services to adults with physical, emotional, or mental health limitations, especially older persons, in an effort to achieve and maintain their highest level of independent living.

3) Provide a stipend and other benefits, which enable eligible persons to participate as Senior Companions without cost to themselves.

II) CHARACTERISTICS OF VOLUNTEER STATIONS

A) Types of Volunteer Stations

1) Social Service Agencies: In most cases, social service agencies are multi-purpose organizations with a number of components related to specific community social service. Some examples are:
   (a) Public agencies
   (b) Private non-profit social service agencies
   (c) Multi-purpose centers (including senior centers)
   (d) Faith-based organizations
   (e) Community and civic organizations

2) Direct Health-Care Providers: Health-care providers are particularly adept at coordinating service to clients with changeable physical and mental health capabilities. Examples are:
   (a) Acute care hospitals
   (b) Rehabilitation associations and centers
   (c) Public Health Departments (including clinics)
   (d) Private non-profit health agencies (including clinics)
   (e) Visiting Nurse Associations
   (f) Home health-care agencies
   (g) Public and private non-profit mental health agencies and associations (non-residential)
   (h) Residential mental health centers, hospitals, institutions
   (i) Nursing homes/convalescent hospitals

III) VOLUNTEER STATION ROLES AND RESPONSIBILITIES

A) Volunteer Station Assignment of Clients to Volunteers

1) Types of Adults Served
   (a) Adults assigned to Senior Companions include, but are not limited to:
      (i) Frail elderly
(ii) Visually impaired adults
(iii) Speech impaired adults
(iv) Hearing impaired adults
(v) Orthopedically impaired adults
(vi) Multi-handicapped adults
(vii) Emotionally or psychologically impaired adults
(viii) Substance abusers
(ix) Adults with significant health impairments
(x) Terminally ill adults.

(b) The NAU Senior Companion Program focuses on clients age 50 and over; however, exceptions can be made for those ages 21 to 49 if they have chronic health problems that impair them in their day-to-day functions. Assignments should give priority to older adults who have the greatest potential to achieve and maintain independent living.

2) Hours of Service for Volunteers

(a) Senior Companions serve a minimum of 15 hours per week and a maximum of 40 hours per week (unless otherwise decreed by the NAU Director and instructed thru the local area Senior Companion Program [SCP]Coordinator.) Hours of service are established at the time the Companion is introduced to the volunteer station supervisor and may change due to funding.

(b) The 15-40 hours of service per week should take place during regular business hours, Monday-Friday 8a-5p. Should you operate and have employees who are on duty or are on call outside these hours, then, with approval of the local area SCP coordinator, volunteers may serve other hours.

(c) Senior Companion volunteers should keep a regular schedule with the client and see them for at least 4 hours per week, preferably on the same day and time weekly.

(i) Example: Volunteer Mary will see client Ann every Monday from 8a-12p. Mary will also see client Sue every Monday and Wednesday from 1p-3p.
(d) Inappropriate Volunteer-to-Client relationships would be one-time assistance or on an “as needed” basis. The following examples show limited contact whereby the volunteer and client do not develop a one-on-one relationship.

(i) Example: Client Jane needs a ride to her annual optometrist appointment and asks Volunteer Doris to take her.

(ii) Example: Volunteer Joe sees client Steve two times monthly when Steve needs a ride to a medical appointment.

(e) Meal times are not considered part of the daily service schedule and should not be documented on the time sheet as service hours. However, if a Senior Companion eats with an assigned adult to develop a relationship, mealtime will be considered part of the schedule.

(f) Travel to and from the client’s home and/or volunteer station is not considered part of the daily service schedule and those hours should not be included on the time sheet as service hours. However, any travel done with the client is included as part of the daily service schedule.

3) Assignment Objectives

(a) In order of priority, assignments should be selected which:

(i) Assist in preventing or delaying institutionalization of homebound adults, primarily older adults, with mental, emotional, and/or physical impairments who need outside assistance to achieve and maintain their fullest potential to manage their lives.

(ii) Assist in the discharge of adults from residential health-care facilities, especially acute care hospitals, who, by means of support of Senior Companions, can resume a greater degree of independent living.

(iii) Assist households in which the burden of care for aged persons rests with household members who find it difficult to provide the level of support needed to prevent institutionalization.

(iv) Assist terminally ill persons.
(b) Senior Companion volunteers should see each client for no less than 4 hours per week, every week on an ongoing and regularly scheduled basis.

(c) Clients who are in need of one-time or “as needed” assistance are not appropriate for assignment with a Senior Companion volunteer.

(d) One-on-one, person-to-person personal support must be maintained in all assignments.

(i) The placement of one Senior Companion with many clients at once does not provide the degree of support needed to foster meaningful relationships.

(ii) Inappropriate Companion-to-Client ratios are weekly assignments with more than 8 clients.

4) Appropriate Responsibilities

(a) The primary role of a Senior Companion volunteer is that of companionship and person-to-person support provided on a weekly basis to a client. Volunteers are neither housekeepers nor just serve as chauffeurs/drivers.

(b) Senior Companion volunteers may assist with the following:

(i) Personal Care: some examples are provided below:

- Assist with dressing, light grooming, and mobilization.
- Accompany to medical appointments or pick-up prescriptions.
- Provide grief support or assist in finding a support group/counselor.
- Encourage exercise or attend exercise class together.
- Assist in reality orientation/awareness.

(ii) Nutrition

- Assist with meal planning and/or light meal preparation.
- Accompany to a congregate meal site or restaurant.
- Accompany client to the grocery store.

(iii) Socialization/Recreation

- Provide companionship through listening/conversation.
- Play cards or games or complete crafts.
• Accompany to social/recreational activities.
• Write letters to or read letters from friends and family.

(iv) Home Management
• Assist with shopping/errands.
• Assist with money management, correspondence and forms.
• Assist with LIGHT housekeeping: wipe a counter, take out the trash, do a couple of dishes

(v) Information/Advocacy
• Assure client has access to emergency numbers (at hand).
• Help clients receive needed services (SNAP, SSI/SSDI, Medicare, visiting nurse, home-delivered meals, etc.)
• Bring unmet needs to the attention of community leaders, volunteer station staff and others.

(vi) Respite Care

5) Inappropriate Responsibilities
(a) Senior Companions are not permitted to perform custodial or housekeeping functions that would normally be performed by volunteer station staff.
(b) Senior Companions are prohibited from performing activities or duties that would, in their absence, be carried out by the staff of the volunteer station; for example, secretarial or clerical duties.
(c) Senior Companions may not perform duties usually performed by a doctor, nurse, or other medical care professional, including dispensing medication.
(d) Senior Companions may not perform any services or duties that would displace employed workers.
(e) Brief, casual contact with a large number of clients.
(f) Leading group recreational or social activities.
(g) Extensive housework: laundry, vacuuming, cleaning the bathroom, washing windows, show shoveling, lawn mowing
(h) Advancing funds to a client or depositing cash in the bank.
(i) Preparing for or cleaning up after anyone other than the client, such as the client’s family or friends, or agency/organization clients not assigned to the Senior Companion.

(j) Heavy moving or lifting, including large furniture or heavy boxes

(k) Major household repairs

(l) Extensive shopping

B) Volunteer Station Development of Client Care Plans

1) Volunteer stations are responsible for identifying clients among their consumers and assigning these clients to a Senior Companion volunteer using the criteria outlined above regarding appropriate activities.

2) Volunteer stations are responsible for completing a client care plan form (see attachment A for form) and for setting up an introduction between the client and volunteer although in some locations the SCP local area coordinator may introduce the client and volunteer.

(a) Client care plans are completed on all new clients and are updated once annually, generally in July of each year.

(b) The Station Supervisor or another staff member is to complete the client care plans; a Senior Companion volunteer SHOULD NOT complete this form.

(c) The original Client care plan form should be given to the local area SCP coordinator. A copy should be kept at the volunteer station and copies should be given to the volunteer and to the client

3) A client CANNOT be seen by a volunteer unless a care plan has been completed and signed.

C) Volunteer Station and Time Sheets

1) Time sheets are used by the Senior Companion Program to document the hours volunteered, mileage driven and meals donated to the volunteer from the station (see attachment B for form).

2) Instructions for completing the time sheet are included in Section VII of this handbook.

3) The time sheets are to be signed by the station supervisor and turned in to the local area coordinator in one of the following ways:
(a) Have the volunteer bring the original time sheet with supervisor signature with them to the monthly In-Service meeting. 
(b) Mail the original to your local area coordinator. 
(c) Time sheets are due to the SCP Program during the first week of each month for the prior month.

D) Participation in Training Events
1) Senior Companion volunteers are required to complete 40 hours of pre-service orientation and training provided by the local area coordinator. (For specific information regarding topics, see Section V.) 
(a) Local area coordinators will collaborate with each station to assure that some of these hours are completed at the volunteer site, shadowing a current volunteer. 
(b) Please communicate with the local area coordinator regarding any special training needs or opportunities your site has for volunteers.
2) Senior Companion volunteers are required to attend a 4-hour In-Service training monthly. (See more regarding specifics in Section V.) 
(a) Local area coordinators may need some assistance with finding meeting space to have the monthly meetings. 
(b) Local area coordinators are open to suggestions of In-Service meeting topics. If you have suggestions on topics volunteers need more information about, or should you hear of any presentations being given in your community, please communicate with your local area coordinator.
3) Senior Companion volunteers are required to attend any ongoing training mandated by the volunteer station. Please keep your local area coordinator informed of these trainings so they can provide needed support.

E) Supervision of Senior Companion Volunteers
1) Volunteer stations are responsible for the daily supervision of Senior Companion volunteer assignments. 
2) The quality of supervision and support is the most critical factor, after the assignment itself, in contributing to the success of the volunteer experience.
3) Supervision should be ongoing and constructive and includes:
   (a) Providing regular, on-site supervision of the Senior Companion’s performance on assignments.
   (b) Monitoring volunteer activities regularly to assure that Senior Companions and clients are satisfied with the assignment and to determine the continued appropriateness of the assigned clients.
   (c) Referring Senior Companions to the local area coordinator for possible reassignment, transfer, or termination.
   (d) Carrying out other responsibilities identified in the Memorandum of Understanding and Client Care Plan/Letter of Agreement.

F) Other Volunteer Station Responsibilities

1) Annual Evaluation of Volunteers
   (a) The performance of each Senior Companion volunteer will be evaluated annually, generally in April or May.
   (b) A formal written evaluation will be discussed with the Senior Companion, the Volunteer Station Supervisor and the local area coordinator using the evaluation form Attachment C.
   (c) The original document is sent to the local area coordinator with the station keeping a copy for their files and giving a copy to the SCP volunteer.

2) Annual Client Assessments
   (a) Station Supervisors will be asked to complete the client assessment form on all clients that the volunteer has served in the past year (even if the volunteer is no longer serving that client)(see Attachment D).
   (b) Client assessments may be completed electronically and emailed to the local area coordinator.

3) Assisting in provision of appropriate recognition activities.
4) Providing a safe work environment for the volunteers.
5) Monitoring the volunteer’s well-being and providing support during stressful assignments.
6) Keeping records as required by the program.
7) Providing Senior Companion volunteers with one nutritious meal per volunteer per day when possible. This is not a requirement, although the Senior Companion volunteers greatly appreciate this benefit.

8) Volunteer station supervisors may be asked to serve as members of the Senior Corps Advisory Board for their local area.

IV) VOLUNTEER BENEFITS

A) Stipend

1) Volunteers receive an hourly stipend (rate is set by the federal government and is currently $2.65 in 2012) for their volunteer service; the stipend is non-taxable.
   (a) A government program may not consider payments to individuals under the Domestic Volunteer Service Act (DVSA) in determining to reduce or eliminate the individual’s level of, or eligibility for, public assistance or services.
   (b) Entitlements to assistance may not be denied because of a participant’s failure or refusal to seek or accept employment or training, including those established for welfare to work programs.
   (c) No payments to participants shall be considered wages or unemployment for the purposes of any tax, unemployment, workers’ compensation, or for similar benefit payments.

2) Attendance at official events, such as orientation, in-service trainings, advisory board meetings, and recognition events is included as service time.

B) Mileage/Transportation

1) Volunteers receive reimbursement for transportation to and from volunteer assignments and official program activities, such as orientation, in-service training, advisory board meetings, and recognition events.

2) Volunteers are highly encouraged to use the least expensive means of transportation available to them.

3) Reimbursement for means of travel are as follows:
   (a) Bus and other alternative forms of transportation will be reimbursed for the actual fare paid per trip. When possible, a receipt for travel
should be attached. We may also be able to purchase monthly passes directly in some communities for distribution to the volunteer(s).

(b) Use of Own Vehicle

(i) Mileage will be reimbursed at $0.445/mile or the current available rate.

(ii) Commuter mileage is capped at 350 miles per month maximum.

(iii) Client related mileage cap is determined by the program funds available and is subject to change at any time. Local area coordinators will communicate any changes in reimbursement to both the volunteers and the station supervisors. Please check with your local area coordinator regarding the client related mileage cap.

(iv) ALL VOLUNTEERS WHO DRIVE MUST COMPLY WITH ARIZONA STATE LAWS AND MUST POSSESS A CURRENT AND VALID ARIZONA DRIVER’S LICENSE AND CURRENT STATE MINIMUM INSURANCE COVERAGE. VOLUNTEERS FOUND IN VIOLATION WILL IMMEDIATELY BE PLACED ON PROBATION AND COULD FACE TERMINATION FROM THE PROGRAM.

(c) Using Multiple Forms of Transportation

(i) Volunteers will be reimbursed for each mode of transportation that they use while volunteering.

(ii) It is the responsibility of the volunteer to distinguish between bus fare and miles driven on their time sheet in order to be reimbursed correctly.

(d) Parking Costs: Volunteers will be reimbursed for parking costs incurred while providing service to their clients. Volunteers should provide a receipt with their monthly time sheet.

4) Carpooling

(a) Carpooling to the volunteer site, in-service trainings, recognition events, etc. is strongly encouraged.

(b) Only the driver of the vehicle will be reimbursed for mileage driven to and from an event or the volunteer site.
(c) For insurance purposes, volunteers MUST NOT pay one another for transportation expenses.

5) Volunteers CANNOT accept money at any time from clients or clients’ families for transportation or other costs.

C) Meals

1) Volunteers may be provided with one nutritious meal per day by their volunteer station when possible.

2) At times, volunteers may be reimbursed for a meal by the program for taking a sack lunch or purchasing a meal while fulfilling their duties as a volunteer. This reimbursement is subject to funding availability. Please check with your local area coordinator regarding meal reimbursement.

D) Leave and Holiday Policies

1) Sick Leave
   (a) Accrued at .0463 hours per hour worked (about 12 days per year)
   (b) Sick leave may be used for personal illness, medical or dental appointments, or if immediate/extended family is ill.
   (c) The volunteer must notify their client, the station supervisor and the local area coordinator if they will be out sick.
   (d) If the volunteer has used 3 consecutive days or more for personal illness, he/she will need to submit a signed doctor’s note to the local area coordinator prior to returning to their duties.
   (e) When all sick leave is exhausted, eligible vacation time will be used.

2) Vacation Leave
   (a) Vacation Leave is accrued at .0919 hours per hour worked (about 24 days per year).
   (b) Vacation time begins accruing on the first day of service and may be used immediately.
   (c) Volunteers are encouraged to take a vacation every year.
   (d) Vacation requests of one week or more must be submitted in writing to the local area coordinator.
   (e) It is the responsibility of the volunteer to inform their clients, station supervisor and local area coordinator that they will be on vacation.

3) Leave Without Pay (LWOP)
(a) LWOP may be taken for up to a total of nine (9) months during a year.
(b) All accumulated leave time (sick and vacation) must be exhausted first.
(c) Volunteers must let their local area coordinator know prior to taking LWOP and must also notify their station supervisors.
(d) Volunteers on LWOP status will not be paid for any training, holiday, or direct service hours or reimbursements during their leave. Volunteers may attend the monthly in-service meeting if they wish; however volunteers on LWOP will not be reimbursed for mileage or their time until they return as an active SCP, volunteering at least 15 hours per week.

4) Funeral or Bereavement Leave
   (a) In State Funeral: up to 3 days with stipend is allowed for immediate/extended family members, clients, or a close friend.
   (b) Out of State Funeral: up to 5 days with stipend is allowed for immediate/extended family members, clients, or a close friend.

5) Jury Duty: volunteers will receive their stipend minus what they are paid by the court until they are released from jury duty.

6) Holidays: The Senior Companion Program observes the following 13 Holidays. Some volunteer stations may observe different holidays which may be substituted for the days below; however, volunteers may not go over 13 holidays a year.
   (a) New Year’s Day
   (b) Martin Luther King Day
   (c) President’s Day
   (d) Spring Holiday (usually assigned to Good Friday)
   (e) Memorial Day
   (f) Independence Day
   (g) Labor Day
   (h) Fall Holiday (usually assigned to Columbus Day)
   (i) Veteran’s Day
   (j) Thanksgiving
(k) Friday after Thanksgiving
(l) Christmas
(m) Christmas Eve OR the day after Christmas

7) Snow Policy
(a) Volunteers should listen to the radio or watch the news before going
to visit their client(s) or volunteer site.
(b) If the local school district announces a “Snow Day” or that the
schools are closed for the day, volunteers do not go to their client(s)
or volunteer station.
(c) Volunteers will receive their stipend for their regularly scheduled
hours for that day. On the time sheet, volunteers should write
“Snow Day” in the activities column.
(d) If the local school district announces a “snow schedule” or that
schools will start 1-2 hours late, volunteers may still see their clients.
They may choose to come in 1-2 hours late OR leave 1-2 hours early
and still claim their regularly scheduled hours for that day.

V) VOLUNTEER TRAINING REQUIREMENTS

A) Pre-Service Orientation and Training
1) Pre-Service orientation and training totals 40 hours and may be
completed over a period of two to three months. Volunteers receive
their stipend and mileage reimbursement during the training period.
2) The goals of pre-service orientation are to:
   (a) Introduce the new volunteers to the Corporation for National and
Community Service, the Corporation’s Strategic Plan, the
Corporation’s programs in general, the Senior Companion Program in
particular, the sponsor- Northern Arizona University, and the local
SCP project.
   (b) Provide information on project policies, appeal procedures, time
sheets, insurance, and other administrative details.
   (c) Acquaint Senior Companion volunteers with project sponsor staff,
station supervisors and staff, and with other Senior Companions.
(d) Give Senior Companions the opportunity for on-site visits to volunteer stations to meet with the station supervisor and shadow current volunteers for hands-on experience.

(e) Familiarize Senior Companions with the physical, health and psychosocial problems of impaired adults and the objectives of their assignments.

(f) Promote discussion of the roles and activities involved in being a Senior Companion.

(g) Provide new Senior Companions with information about available community services which will enable them to be better advocates for their clients and to help with their personal needs.

(h) Provide a general understanding of the economic, social, psychological, and physiological aspects of aging.

3) Classroom Topics and Training Techniques can include, but are not limited to:

(a) Policies and Procedures
   (i) Appropriate and Inappropriate volunteer assignments and duties
   (ii) Volunteer Benefits
   (iii) Volunteer Insurance
   (iv) Disciplinary and Appeal Procedures
   (v) Confidentiality

(b) Team Building Exercises and Leadership Skill Building
   (i) Communication skill building and role-playing
   (ii) Elementary counseling techniques
   (iii) Q&A with experienced Senior Companions
   (iv) Assertiveness training and active listening

(c) Psychological, Physiological and Social Aspects of Aging
   (i) Discussion of body changes as we age: senses, balance, etc.
   (ii) General lecture on dementia and/or Alzheimer’s
   (iii) Emotional needs of the elderly
   (iv) Grief counseling/death and dying
   (v) Safety Planning and Safe Environment training

(d) Community Resources and Services
(i) Social Security, SSI and SSDI Benefits and Enrollment
(ii) Medicare, Medicaid and other medical benefits
(iii) Food stamps, congregate meal programs and Home-Delivered Meal programs
(iv) Public Housing
(v) Community Legal Services or Community Counseling Groups
(vi) Personal Safety, Crime Prevention and Consumer Fraud
(e) Advocacy/Household Management
   (i) Reporting status of client’s physical and mental health to supervisors
   (ii) Mobilizing community resources
   (iii) Revitalizing/developing links between a client and their family and/or friends
(f) Health and Personal Care Assistance
   (i) Reality orientation/awareness
   (ii) Physical fitness for older persons, Physical Therapy
   (iii) Health emergencies
   (iv) Nutrition, meal planning/preparation
   (v) Personal hygiene and basic medication information

B) Monthly In-Service Meetings
   1) All volunteers are required to attend the monthly In-Service meetings, which last for 4 hours and cover a variety of topics designed to build upon and enhance existing skills and provide Senior Companion volunteers with new information relative to their assignments and personal welfare.
      (a) If a volunteer is unable to attend training, the volunteer is responsible for finding and attending a community training during that month.
      (b) To attend a local training in place of the In-Service training, the local area coordinator must give approval prior to attendance.
      (c) Missing 3 in-service training meetings that have not been made up results in the volunteer being placed on probation for 6 months.
During the 6 month probation period, if a volunteer misses one in-service training, they may be terminated from the program.

2) Hours are to be marked in the “T” column on the time sheet and mileage may be included.

3) Volunteers have an option to also see clients on the In-Service meeting dates, but are not required to do so. Seeing a client on the scheduled in-service date is not a substitution for attending the meeting. The meetings are mandatory.

VI) INSURANCE COVERAGE FOR VOLUNTEERS

A) Senior Companions are eligible for three kinds of insurance: accident, personal liability, and excess automobile liability.

B) These are **NOT** substitutes for personal insurance and only apply while the volunteer is engaged in official program activities and traveling to or from official program activities.

C) The insurance is considered **SECONDARY COVERAGE**, meaning any insurance the volunteer has will be billed first and the volunteer will be reimbursed for any out of pocket expenses, including co-pays.

D) If the volunteer has an accident:

1) The volunteer and/or the station supervisor MUST contact the Senior Companion Program local program coordinator or SCP Director ASAP. The Senior Corps Director can be reached at (928) 523-3560 or (866) 856-3017 to file an incident report.

2) The volunteer is **not** covered under Workers’ Compensation because they are not employees. Volunteers are covered under volunteer insurance for secondary insurance coverage.

E) A brochure that outlines the basic information about the volunteer insurance coverage is included in the back pocket of this folder.

F) The full provisions of the insurance coverage can be found online, and the following link:


VII) INSTRUCTIONS FOR FILLING OUT TIME SHEETS

A) Volunteer Name and Station are to be filled in at the top of the time sheet.
B) The dates are provided, with any holidays pre-marked on the time sheet.
C) “D”= the number of hours volunteered giving direct service, working with the client.
   1) Volunteers are given bereavement leave, which should be noted in this column with “bereavement” or “funeral” written under the “activities/clients” columns.
D) “T”= the number of hours completed for in-service or station trainings, meetings, etc. This should be no less than 4 hours per month. These minimum 4 hours can be attained at the required monthly In-Service meetings. If these trainings are missed, the 4 hours must be made-up.
E) “H”= the number of hours claimed for holiday leave.
   1) The total for this column should be equal to what a volunteer would normally serve with their client that day of the week, were it not a holiday.
   2) Example: Every Monday, Sue volunteers for 6 hours. If the holiday is on a Monday, Sue would fill in “6”.
   3) Example: Monday is a holiday, and Sue normally volunteers Tuesday – Friday for 5 hours per day. Sue would still fill in “5” in the holiday column on Monday. If Sue prefers, she may take another day that week as a holiday.
F) “VL”= the number of hours claimed for vacation leave.
G) “SL”= the number of hours claimed for sick leave.
H) “Clients or Activities”= write the name or initials of the client(s) visited on that day.
I) “Commute” Miles= the number of miles driven roundtrip from the volunteer’s home to either the client’s home or volunteer station, not to exceed 350 miles per month.
   1) If the volunteer rides the bus or uses other special transportation services, please write the total amount per round trip paid, i.e. $3.75.
   2) If purchasing a monthly pass, please write the amount paid for the pass and attach a receipt.
J) “Client” Miles= number of miles driven round trip with the client in the vehicle.
1) Example: Mileage driven from a client’s home to the doctor’s office and back to the client’s home.

K) “# Client Trips”= The number of one-way trips driven with a client in the vehicle.
   1) Example: Volunteer picks up the client at their home and they drive to the bank and then back to the client’s home= 2 trips.
   2) Example: Volunteer picks up the client and takes them to the doctor’s office. From the doctor’s office, the volunteer and client travel to Walgreen’s to pick up a prescription. From Walgreen’s, the volunteer and client return to the client’s home= 3 trips.

L) “Client Purpose”= Write in the client’s initials and the reason that the “client” miles were accumulated that day. Examples: grocery, bank, doctor, etc.

M) “Donated Meals”= if the volunteer site provides a meal to the volunteer at no cost, indicate a “1” in this column for each day a meal was donated.

N) At the end of the month, the station supervisor and the volunteer must sign the time sheet.

O) Also at the end of the month, total each column at the bottom of the sheet. The total hours for the month (including the direct service, training, holiday, vacation and sick leave) should not total more than an average of 40 hours per week, although volunteers may be restricted to fewer hours by the program.

VIII) INSTRUCTIONS FOR FILLING OUT CARE PLANS

A) Insert Volunteer’s Name and Phone Number on the top line of the form.

B) Senior Companion Schedule: Check the box corresponding to the day(s) of the week that the volunteer will visit with their client. Next, enter the time frame that the volunteer will be visiting with the client. Example: 9:00AM-1:00PM.

1) This should remain as a consistent schedule so that the client knows exactly when to expect their Senior Companion volunteer and the client should make appointments, to the best of their ability, during their regularly scheduled visits.
(a) Example: Volunteer Sue sees client Mary every Monday and Wednesday from noon-4PM. Mary should do her best to schedule doctor and hair appointments on those days and during those times that she is already expecting Sue.

(b) Example: Volunteer Bill sees client Joe every Tuesday from 8:30AM-12:30PM. Joe should have his grocery list prepared for a trip to the store on Tuesday when Bill arrives. Joe should not be calling Bill on Friday afternoon saying that he needs to go to the grocery store before the weekend.

2) Clients must be seen on a one-on-one basis for a minimum of 4 hours per week.

3) It is understandable that “life” happens and there may be extenuating circumstances, for example an appointment with a specialist that is difficult to get in to see, and that a client or volunteer may need to be flexible. In general, however, the visiting schedule should remain relatively consistent.

C) Date: This is the date that the care plan is being completed.

D) For Office Use Only: These are the ethnicity codes.
   1) African American
   2) Anglo
   3) Hispanic
   4) Native American
   5) Other

E) Client Information: enter the client’s name, address, phone number and DOB. Please check “Y” or “N” for whether or not the client is a veteran. Also, check whether the care plan is for a “new client” or an “annual review”.

F) Volunteer Station Name and Phone Number

G) Emergency Contact Information: This should be the name of a friend, family member, lawyer, doctor, neighbor, etc. that the client wishes to be contacted in case of an emergency situation. There MUST be a contact person listed. This is especially important for volunteers who are going in-home or who are driving their client to and from appointments or on
errands. It is okay to write that something such as “station supervisor will make appropriate calls” for a volunteer serving in Adult Day Care, Skilled Nursing or Assisted Living.

H)  Physician’s Name and Phone Number

I)  Directions for Emergency: At the very least, this should iterate to call 9-1-1.

J)  Special Instructions: Does the client have a preference of hospital they are taken to in an emergency? Does the client have a DNR or a Medical Power of Attorney and where are these documents located? Is there a list of medications and allergies available?

K)  Client Assessment (check all that apply): We’ve listed those that are given the most often, however service is not limited to these specific issues. If you check “other”, please be as specific as possible. Contact your program coordinator if you have any specific questions regarding eligibility for services.

L)  “Family Tasks” or “Other Agency Services”

   1) Are the family members responsible for completing any tasks weekly?
   2) Does the client receive other services? Examples might be Case Management, Home Delivered Meals, Housekeeping, CAN or visiting nurse, Hospice, etc.
   3) If none, please leave this blank.

M)  Service Category (check only 1)

N)  Care is Given (check only 1): where is the volunteer seeing the client?

O)  Services to be Performed (check all that apply)

   1) This is a list of services that a volunteer can provide to a client. If you have a client need that is not listed, please contact your program coordinator for information on whether or not it is an appropriate volunteer activity.

   2) Please note that volunteers cannot provide any types of medical services such as bathing, lifting, transferring or providing medications.

   3) Please also note that volunteers are not housekeepers, landscapers or chauffeurs. They should not be doing laundry, vacuuming, washing windows, mowing the grass, raking leaves, etc. Additionally, they are not to be used for one-time or sporadic transportation needs. If you
have specific questions regarding a client need, please contact your program coordinator.

P) Print Name in the first column, Signatures in the second column and put the Date in the third column.

Q) Other things to note:

1) Please read the following statement aloud to the volunteer and client prior to everyone signing. This statement is written just above the signatures section of the care plan: “The client’s status, supervision of Senior Companion volunteer, and the continued need for an SCP volunteer will be monitored by volunteer station staff. Senior Companions may not receive gifts or be employed by clients or clients’ families at any time.”

2) There is a line down the left margin of the form that says, “client discontinuation date or client transferred to” and “reason”. A client may be transferred at any time to another volunteer should the current arrangement not be a good fit. If it’s been less than a year since the care plan has been updated, you may fill in this line and send the form to your local area coordinator. There is no need to create an entirely new form unless it’s been a year since the initial care plan was completed.

3) Make one copy for your own records. The volunteer and client should each receive a copy of the care plan. Forward the originals to the program coordinator for your area in person or by mail.

IX) ATTACHMENTS

A) CARE PLANS
B) VOLUNTEER TIME SHEETS
C) VOLUNTEER EVALUATION FORM
D) CLIENT ASSESSMENT SURVEY
NORTHERN ARIZONA UNIVERSITY

PO Box 5063, Flagstaff, AZ 86011-5063 | (928) 523-3560 or (866) 856-3017 | www4.nau.edu/csi

Senior Companions must be assigned to adults with special needs in order to maintain their independence.

SCP VOLUNTEER ______________ PHONE: ________________________
Senior Companion Schedule: [ ] M [ ] Tu [ ] W [ ] Th [ ] F
Time: ________________________

CARE PLAN AND LETTER OF AGREEMENT

DATE: ________________________ FOR OFFICE USE ONLY: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

CLIENT NAME: ____________________________ DOB: ____________________________
Veteran? [ ] Y [ ] N

Please Choose: [ ] M [ ] F

Address: ____________________________ Zip: ____________________________

City: ____________________________ Phone: ____________________________

Volunteer Station: ____________________________ Phone: ____________________________

Emergency Contact: ____________________________ Phone: ____________________________

Physician: ____________________________ Phone: ____________________________

DIRECTIONS FOR EMERGENCY:

Special Instructions:

MEDICAL EMERGENCY: 1) CALL 911, 2) VOLUNTEER STATION, AND 3) THE SCP PROGRAM

FIRE: 1) REMOVE CLIENT FROM HOME, 2) CALL 911, 3) VOLUNTEER STATION, AND 4) THE SCP PROGRAM

Client Assessment: (Check all that apply)

[ ] Back Problems [ ] Cancer [ ] Cardiovascular Disease

[ ] Cataracts/Eye/Vision Problems [ ] COPD [ ] Congestive Heart Failure

[ ] Dementia [ ] Depression [ ] Diabetes

[ ] Hypertension [ ] Lack of Strength [ ] Mobility Problems

[ ] Osteoarthritis [ ] Osteoporosis [ ] Other Immune Disorders

[ ] Parkinson’s Disease [ ] Rheumatoid Arthritis [ ] Stroke

[ ] Urinary Incontinence

Family Tasks: ____________________________ Other Agency Services: ____________________________

[ ] Activities For Daily Living [ ] Compassionship [ ] Respite Care

Service Category: (Check only ONE)

Care is Given: (Check only ONE)

[ ] In Own Home [ ] Temp Placement Skilled Nursing [ ] Adult Day Care [ ] Assisted Living Facility

Services to be Performed: (Check all that apply)

[ ] Accompany to Health Care [ ] Accompany to Recreation/Social [ ] Accompany to Senior Center

[ ] Ambulate [ ] Help Getting Dressed [ ] Errands

[ ] Feeding [ ] General Companionship [ ] General Respite Care

[ ] Grief Support [ ] Grooming [ ] Information/referral

[ ] Light Cleaning [ ] Light Gardening [ ] Light Meal Preparation/ Snacks

[ ] Minor Repairs [ ] Peer Support [ ] Reading

[ ] ROM Exercise [ ] Shopping [ ] Talking, Listening

[ ] Transportation [ ] Writing Letters/Forms [ ] Other: ____________________________

The client’s status, supervision of Senior Companion volunteer, and the continued need for a SCP volunteer will be monitored by
volunteer station staff. Senior Companions may not receive gifts or be employed by clients or clients’ families at any time.

AGREEMENT SIGNATURES TO CARE PLAN/LETTER OF AGREEMENT

Name (Print) ____________________________ Signature ____________________________ Date ______

Station Supervisor: ____________________________ ____________________________

SCP Volunteer: ____________________________ ____________________________

Client or Legal Rep: ____________________________ ____________________________

Family Member (if appropriate): ____________________________ ____________________________

SCP Volunteer Coordinator: ____________________________ ____________________________

SCP Director: ____________________________ ____________________________

<table>
<thead>
<tr>
<th>DATE (M/D/Y)</th>
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<th>T</th>
<th>H</th>
<th>VL</th>
<th>SL</th>
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**For Coordinator Use Only:**

- Total D x $2.65 = $0.00
- Total T x $2.65 = $0.00
- Total H x $2.65 = $0.00
- Total VL x $2.65 = $0.00
- Total SL x $2.65 = $0.00

- Total Commute Mileage x $4.45 = $0.00
- Total Client Mileage x $4.45 = $0.00
- Total donated meals x $0.50 = $0.00

Return sheets to: Your Program Coordinator

CSI@NAU Phone: (928) 523-3560
CSI@NAU FAX: (928) 523-9189
CSI@NAU Toll Free: 866.856.3017

*Client Trips includes the number of 1-way trips driven with a client.
Example: From the client's home to the grocery store and back home = 2
Example: From the client's home to the grocery store, to the doctor's, back home = 3
# Northern Arizona University

## Senior Companion Volunteer Annual Assessment

**Name of Volunteer:**

**Volunteer Station:**

<table>
<thead>
<tr>
<th>Please check the appropriate box</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Needs Improvement</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is dependable, punctual, reliable</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to relate well to clients</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to accept supervision</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is flexible with assignments</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is friendly and treats all clients equally</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Performs service with a good attitude</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is cooperative</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shows initiative</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Overall performance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Please check the appropriate box</th>
<th>Agree</th>
<th>Disagree</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am comfortable with having this SCP volunteer under my supervision</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>I am comfortable having this SCP volunteer implement the Client Care Plan</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>The special talents of this SCP volunteer adds to the setting</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

☐ I have reviewed this evaluation with the Senior Companion volunteer on:

**SCP Supervisor Signature:**

**SCP Signature:**

**NAU Coordinator Signature:**

**NAU SCP Director’s Signature:**

**Confidential**
1. Volunteer Name: __________________________________________

2. Clients’ names served by volunteer (up to 6 clients):

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<tbody>
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<td>3</td>
<td>4</td>
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<tr>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

3. For each client that the Senior Companion (SCP) volunteer assists, please check the answer that best fits:

<table>
<thead>
<tr>
<th>Client 1</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Client could not manage without SCP assistance:</td>
<td>Agree</td>
<td>Disagree</td>
</tr>
<tr>
<td>Meal preparation/eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing/bathing/grooming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping/Errands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Housekeeping</td>
<td></td>
<td></td>
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<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of SCP visits, the client seems less lonely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of SCP visits, the client is less socially isolated</td>
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</tbody>
</table>

The next two questions are for Respite clients only.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Because of SCP visits, the main caregiver is able to get needed rest due to SCP help</td>
<td></td>
</tr>
<tr>
<td>Because of SCP visits, the main caregiver is able to continue to provide care at home for the client for another 6 months</td>
<td></td>
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</tbody>
</table>
### Client 2

**Client could not manage without SCP assistance:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal preparation/eating</td>
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<tr>
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</table>

**The next two questions are for Respite clients only.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of SCP visits, the main caregiver is able to get needed rest due to SCP help.</td>
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</tbody>
</table>

### Client 3

**Client could not manage without SCP assistance:**

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<thead>
<tr>
<th>Task</th>
<th>Agree</th>
<th>Disagree</th>
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<tbody>
<tr>
<td>Meal preparation/eating</td>
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<tr>
<td>Dressing/bathing/grooming</td>
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<tr>
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<td>Light Housekeeping</td>
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**The next two questions are for Respite clients only.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Agree</th>
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<tbody>
<tr>
<td>Because of SCP visits, the main caregiver is able to get needed rest due to SCP help.</td>
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### Client 4

**Client could not manage without SCP assistance:**

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**The next two questions are for Respite clients only.**

- Because of SCP visits, the main caregiver is able to get needed rest due to SCP help.
- Because of SCP visits, the main caregiver is able to continue to provide care at home for the client for another 6 months.

### Client 5

**Client could not manage without SCP assistance:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal preparation/eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing/bathing/grooming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping/Errands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Housekeeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of SCP visits, the client seems less lonely.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of SCP visits, the client is less socially isolated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The next two questions are for Respite clients only.**

- Because of SCP visits, the main caregiver is able to get needed rest due to SCP help.
- Because of SCP visits, the main caregiver is able to continue to provide care at home for the client for another 6 months.
### Client 6

*Client could not manage without SCP assistance:*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal preparation/eating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing/bathing/grooming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping/Errands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Housekeeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of SCP visits, the client seems less lonely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of SCP visits, the client is less socially isolated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The next two questions are for Respite clients only.**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of SCP visits, the main caregiver is able to get needed rest due to SCP help.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of SCP visits, the main caregiver is able to continue to provide care at home for the client for another 6 months.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. In the space provide below, please tell us a story of how the companionship the SCP provided helped your client. What did he/she do for the client; why was it important; what was the outcome?