BENJAMIN ROSE INSTITUTE ON AGING
SERVICE • RESEARCH • ADVOCACY

CARE PLANS ARE ACCEPTED ONLY FROM PARTICIPATING SENIOR COMPANION STATIONS.

Senior Companion Program
Benjamin Rose Institute
11900 Fairhill Rd. Suite 300.
Cleveland, Ohio 44120
216.791.8000

Please Fax to:
SCP Staff @
216.373.1814

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)

_ EXERCISE ASSISTANCE	_ MEALS /SNACKS (LIGHT)	_ SOCIALIZATION	_ COMPANIONSHIP
_ DRESSING ASSISTANCE	_ LIGHT HOME MAKING	_ MENTAL STIMULATION	_ OBSERVATION
_ GROOMING ASSISTANCE	_ ORGANIZE MAIL	_ ERRANDS	_ RECREATIONAL
_ RESPITE CARE	_ OUTDOOR ACTIVITIES	_ ESCORT	_ OTHER: _____

E. LIST SPECIFIC INSTRUCTIONS (IF APPROPRIATE): _____
_____
F. SERVICE SCHEDULE: M T W TH F TIME _____
G. ANTICIPATED OUTCOME: (PLEASE CHECK ALL THAT APPLY)

__ IMPROVE/MAINTAIN SOCIAL SKILLS	__ IMPROVE/MAINTAIN HOME ENVIRONMENT
__ IMPROVE/MAINTAIN EMOTIONAL SKILLS	__ IMPROVE MAINTAIN INDEPENDENCE
__ IMPROVE/ MAINTAIN HEALTH STATUS	__ PROVIDE CARE GIVER RELIEF
__ 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