STATION SITE VISIT

Station: _________________

Reviewer: _____________________

1. How many volunteers does your 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.