

Senior Companion Program of the Concho Valley

Concho Valley Council of Governments

5430 Link Rd, San Angelo, TX 76904

Phone: (325) 944-9666 Fax: (325) 944-9925

Dear Prospective Client,

Thank you for your interest in the Senior Companion Program of the Concho Valley. This program brings together volunteers age 55 and above with adults in the community who are frail or elderly and who have difficulty with the simple tasks of day-to-day living and/or who are in need of social interaction. The Senior Companion Program is funded through federal and state grants and volunteers are placed with clients at no cost to the client or the client's family. Another service of the Senior Companion Program is called Respite Care in which the volunteer is assigned to provide temporary relief for full-time care givers (usually family members) so that they can have a break from the stresses of providing care in order to attend to other responsibilities or have some personal time away from the home setting. Senior Companions provide an extra element of service for the client, but they should not be used to replace paid personnel in the home or residential community.

While persons serving as a companion are considered volunteers, they do receive a small hourly stipend. Therefore, it is important to establish a regular work schedule for the companion. Companions are assigned Monday through Friday, between 8:00 am - 5:00 pm. Although, some early evening assignments are possible, it depends on the situation and availability of companions. Companions are never given overnight assignments. A regular schedule will be worked out with the client and a companion will not be placed with a client for less than 10 hours per week. Adjustments may be made to the schedule to accommodate client doctor visits, family visits, illnesses, holidays, etc. Our program does not offer services on an on-call basis.

Companions attend monthly in-service training programs and may not be available for their assignments on those days. The Senior Companion Program observes twelve holidays each year and companions may additionally need be absent occasionally due to illness or other personal issues. Whenever possible, clients are provided notice if a companion is going to be absent. In the case of illness, the companion will notify the client by 9:00 a.m., if they are not going to be available that day. The Senior Companion Program does not provide replacement companions for these short-term absences. Consequently, companions should not be relied upon as the only source of in-home assistance if the client is in need of constant observation.

The Senior Companion Program limits the type and scope of duties that can be performed by volunteers and this program should not be confused with other services which may offer more extensive in-home care or other personal services. The following lists will help you better understand the types of services which are permitted under our program.

PERMITTED ACTIVITIES:

- Feeding and grooming (brushing hair, painting fingernails).
- Assisting client with walking and getting to the bathroom **without lifting**.
- Assisting with medical or physical therapy regimens and/or monitoring medication usage. Companions are not allowed to administer medication.
- Providing grief support.
- Running some errands for the client.
- Encouraging exercising, taking walks with the client, providing information on exercise, recreation or nutrition.
- Planning and preparing light meals for the client. Light grocery shopping, labeling, and organizing food only for the client.
- Providing companionship, talking, listening, cheering up and playing games.
- Doing light gardening.
- Doing light housekeeping. Light housekeeping is defined as minor dusting of furniture and floor (no mopping), washing dishes, doing laundry if facilities are available in the home, disposing of trash and making the client's bed.
- Bringing unmet needs to the attention of community services and other care providers.

SERVICES WE ARE NOT ALLOWED TO PROVIDE:

- Bathing clients (including sponge baths).
- Changing the client's adult disposable briefs, undergarments, or pads.
- Administering medication to the client.
- Transporting a client in a vehicle or accepting a ride with a client. The companion and client may ride together on the bus or with someone of the client's choosing.
- Doing housekeeping services normally provided by paid staff.
- Borrowing from or advancing funds to clients.
- Depositing cash in banks or handling client's money.
- Doing extensive shopping and food preparation for persons other than the client.
- Doing major household repair work, lawn mowing, major raking, trimming, window or car washing.
- Moving or lifting heavy furniture, equipment, boxes, etc.
- Providing babysitting services for family members.
- Accepting money from the client or client's family for services, even if the services are rendered outside of normal working hours.

To apply to be a client with the Senior Companion Program, please complete the enclosed form and return it to our office. There will be an in-home evaluation visit and we also want to have the client and prospective companion meet prior to placement to help assure compatibility. If we are unable to place a companion due to limited funding or availability of volunteers, you will be placed on a waiting list for assignment at a later date.

Sincerely,



Clementine Urista, Manager
Senior Companion and Foster Grandparent Programs
Concho Valley Council of Governments

SENIOR COMPANION PROGRAM CLIENT APPLICATION

Client Name: _____ Phone: _____

Address: _____ Zip Code _____

Date of Birth: _____ Age: _____ Gender: _____ Pets: _____ Homebound: Yes or No

Military Veteran: Yes or No Spouse of Military Veteran: Yes or No Smoker: Yes or No

Marital Status: Single ___ Married ___ Divorced ___ Widow ___ Language Preference: English or

Spanish Ethnicity: Hispanic ___ African-American ___ White ___ Other: _____

What are the primary health issues of the client? Can client go to bathroom on their own?

What are the client's primary needs that can be addressed by the Senior Companion Program?

What is the preferred schedule for the Senior Companion?

CONTACT INFORMATION:

Contact Name: _____ Relationship: _____

Address: _____

Home or office: _____ Cell Phone: _____

Signature of Person Submitting Request: _____

Printed Name of Person Submitting Request: _____

Date of request: _____

Please mail or fax: **Concho Valley Council of Governments**
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