



Neighbors Helping Neighbors

P.O. Box 1882 ♦ 7311 Martinsburg Pike ♦ Shepherdstown, WV 25443 ♦ 304-876-3325 ♦ www.gsivc.org

NEW CARE RECEIVER APPLICATION

****ALL INFORMATION IS NEEDED WHEN PROCESSING YOUR APPLICATION****
(All information will be kept confidential and will help us in providing you services)

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

General Location: _____

Sex: _____ Ethnicity: _____

Home Phone: _____ Other Phone: _____

E-mail: _____

How did you hear about us or who referred you: _____

Marriage Status: _____ Who else lives in your home: _____

Religion or Faith: _____

Church or Congregation: _____

Location: _____

PERSON TO CONTACT I CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

LIST THE NAMES OF TWO PEOPLE WHO CAN CHECK ON YOU:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

MOBILITY & HEALTH QUESTIONS:

Are you Diabetic: _____

If yes, what type: _____

Do you require Dialysis: _____

If yes, what time & days: _____

Are you legally blind: _____ Are you an Amputee: _____

Are you a Veteran: _____

Do you have private Insurance, if yes what type: _____

Do you have Medicaid: _____ Medicare: _____

Do you require a wheelchair, cane, walker, oxygen, or anything else for mobility and health: _____

Are you Over Weight, Hearing Impaired, Vision Impaired, or anything else that we should know: _____

Do you have any problems getting into certain vehicles? (I.e. Pick-up truck, back seat of a car): _____

SERVICES PROVIDED:
(PLEASE MARK THOSE SERVICES YOU NEED HELP WITH)

- | | | |
|---|---|--|
| <input type="radio"/> Friendly Visit | <input type="radio"/> Medical Equipment | <input type="radio"/> Other: Please List |
| <input type="radio"/> Friendly Phone Call | <input type="radio"/> Ride to Doctors | <input type="radio"/> Help with Bills or |
| <input type="radio"/> Minor Home Repair | <input type="radio"/> Shopping/Errand | Paperwork |

Please describe your need(s): _____

To help us make a good match with a volunteer, please list your hobbies, interest, skills, education background, or other considerations: _____

Please list any and all organizations or agencies currently helping you or any that you have applied for:
(I.e.: Jeff. Co. Council on Aging, Berkeley Co. Senior Center, Light House Program, Salvation Army, Home Instead, Community Ministries, Catholic Charities, DHHR: Supplemental Nutrition Assistance Program (SNAP), Energy Assistance, Low Income Home Energy Assistance Program (LIHEAP), WV Works, SAIL, etc.) _____

ESTIMATED POVERTY LEVEL:

The following information is gathered for organizational and funding purposes only. All information will be kept confidential and will not affect your Care Receiver eligibility status or any services provided to you by Good Shepherd Caregivers.

2016 Federal Poverty Level Guidelines

| Family Size | 100% Annual | 100% Monthly | 135% Monthly |
|-------------|-------------|--------------|--------------|
| 1 | \$11,880 | \$990 | \$1,336 |
| 2 | \$16,020 | \$1,335 | \$1,802 |
| 3 | \$20,160 | \$1,680 | \$2,268 |
| 4 | \$24,300 | \$2,025 | \$2,733 |
| 5 | \$28,440 | \$2,370 | \$3,199 |
| 6 | \$32,580 | \$2,715 | \$3,665 |

(CIRCLE ONE)

Family Size: _____ Household Income: _____ (WEEKLY MONTHLY YEARLY)

ACCORDING TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 2016 POVERTY GUIDELINES

All data is used for grant and statistics only. Income level will not be associated with the individual, but only anonymous.

PLEASE FILL OUT THE QUESTIONS BELOW IF YOU ARE NOT THE PERSON TO RECEIVE CARE:

AGENCY OR INDIVIDUAL MAKING REFERRAL:

Name: _____ Agency: _____

Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE SIGN THIS PORTION IF YOU (MAY) NEED TO BORROW MEDICAL EQUIPMENT:
****FOR BERKLEY AND JEFFERSON COUNTY RESIDENTS****

BUYER OR RECIPIENT AGREEMENT
****FOR USED MEDICAL EQUIPMENT ("AS IS" CONDITION)****

GSIVC sometimes finds that an excess of a specific type of donated, but used, medical equipment is creating a storage or space problem for the organization. In such a case, GSIVC may sell (for a nominal fee) or donate the item "as is", with no express nor implied warranties of safety and operation by GSIVC, Inc.

Those using any medical equipment should consult their physician or licensed health care provider prior to use, and use only as suggested by such person or persons. GSIVC, Inc. is not responsible for any injury incurred or damage caused by any use of such equipment.

Buyer or Recipient understands that the equipment has been previously used, may not operate properly, assumes all risk for the use of the equipment and further agrees to release GSIVC, Inc. from any and all liability related to use of the equipment.

I HAVE READ AND AGREED TO BE A BUYER OR RECIPIENT:

Signature: _____ Date: _____


CARE RECEIVER POLICIES AND PROCEDURES:
(PLEASE INITIAL WHERE APPLICABLE)

MISSION STATEMENT



The mission of Good Shepherd Caregivers is to provide informal volunteer caregiving to home-based older or disabled Jefferson County residents. Our goal is to promote independence, dignity, security and quality of life among elderly, disabled, frail and homebound residents of our county, regardless of income or family circumstances.

Definition: The term "**informal, volunteer caregiving**" refers to non-medical help (nonprofessional health care) such as transportation; shopping; visiting; telephone reassurance; writing letters; minor home repair, light housekeeping; grass cutting; snow & trash removal; and loaning medical equipment. The options will be thoroughly explained by the services coordinator or other staff.

ORGANIZATIONAL GOALS

- Promote independence, dignity, security and quality of life among elderly, disabled, frail, and/or homebound residents of Jefferson County, regardless of income or family circumstances.
- Provide non-medical, neighborly assistance and companionship through individuals and/or teams of committed and caring volunteers from faith congregations and the wider community—ultimately, enriching the lives of all. _____ 
- Provide relevant community education, preventative health programs, collaborative relationships with medical entities and faith communities, and leadership for parish nursing coalition.

ELIGIBILITY FOR SERVICES

- All services are offered to Residents of Jefferson County, WV and only medical equipment is offered for Berkley County, WV residents.
- Home-based—resides in private home/apartment or nursing facility, having neither the option nor means of leaving the residence alone. _____ 
- An elder or older adult, usually frail and/or chronically ill, or disabled adult.
- May or may not be disabled, BUT must be mobile enough to assist the volunteer if leaving the house and/or could continue to live independently with some friendly, neighborly assistance from time to time. _____ 
- Any income level.
- No faith preference or requirement.

AFFIRMITIVE ACTION/EQUAL OPPORTUNITY

There will be no discrimination against any individual requesting assistance by reason of disability or on the basis of age. Furthermore, there will be no discrimination on the basis of race, color, ethnicity, sex, creed, national origin, or socioeconomic status.

In addition, to ensure full equality of opportunity in all operations and activities of the organization, affirmative action policies will be utilized in the recruitment, selection, training, placement, and recognition of volunteer caregivers as well as in the provision of volunteer services.

GSIVC respects the privacy and personal beliefs of all care receivers and volunteers. GSIVC does not permit proselytizing by one faith community for members of another or the maligning of any person's faith. GSIVC does encourage interaction and understanding among various faith communities and respect for the religious beliefs of all persons.

The open practice or advocacy of racism by any care receiver or volunteer is not permitted. Please call our office immediately report any circumstances where you feel this is happening to you or another client.

CARE RECIEVER RIGHTS AND RESPONCIBILITY
(PLEASE INITIAL WHERE APPLICABLE)

Every person receiving services from Good Shepherd Caregivers is covered by the policies contained in this document. These policies provide a framework for the safe and conscientious provision of services. These services **are free** to residents of Jefferson and Berkeley County who have been accepted as Care Receivers. In turn, it is your responsibility to be conscientious and considerate by adhering to all policies and procedures as set forth in this document.

In the event that an non-medical emergency may arise, i.e. canceled appointment, changed appointment times, new appointment, etc., it is your responsibility to communicated with both Good Shepherd Caregivers staff and the volunteer assigned to your service request. If the emergency takes place on a weekend, please leave a message with Good Shepherd Caregivers, and try to reach your volunteer if this is possible. Good Shepherd Caregivers does not have weekend hours, and will not be able to answer your call, or return it until the next business day. _____

← PLEASE INITIAL

If you have a medical emergency, please contact your local hospital, or dial 911. If you are able to communicate you medical emergency to a volunteer or Good Shepherd staff to prevent a miscommunication, it would be greatly appreciated.

Please maintain good communication of your needs, changes, and anything that may help the volunteer or Good Shepherd staff, help you.

CARE RECEIVER PROGRAM PROCEDURES
(PLEASE INITIAL WHERE APPLICABLE)

Request for Services

In order to become a care receiver, a Care Receiver Application must be completed. All information asked for in this form is essential to our agency's ability to match you to a volunteer or volunteers who can meet your identified needs. If you are personally unable to complete an application, the document may be completed by a family member, friend, or referring agency. _____

← PLEASE INITIAL

1. Review of Eligibility and/or Referral.

- Once your application is reviewed and you have been accepted as a care receiver, you will be contacted via telephone or with a letter within 10 days. _____
- Not everyone who requests services from Good Shepherd Caregivers is a candidate for our services. If, at any point in the application process, it is determined that your needs are beyond the scope of what we can offer, you will be provided with information on other agencies that may be able to help. _____

← PLEASE INITIAL

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Note: *As your needs or conditions change, please notify Good Shepherd by telephone; a new application will not be required.*

2. **Specific Requests.** Requests for services should be made by telephone at least **two weeks prior to the time the service is needed**. Please call our main office at 876-3325, Monday through Friday from 9 am – 3 pm. If you reach our voice mail service, please leave only your name and number; we will discuss the details of the request when we return your call. Please have the address, and doctor’s name available when requesting you service need. _____

← PLEASE INITIAL

The volunteer coordinator will attempt to find a volunteer to perform your requested service and will inform you once a volunteer has been assigned. The volunteer will contact the care receiver prior to the assignment to discuss particulars and confirm times. If you do not hear from the volunteer, please contact the GSIVC office. _____

← PLEASE INITIAL

3. **Ongoing Services.** Depending on the situation, an ongoing care receiver/volunteer relationship may develop in which the same volunteer repeatedly provides services for a care receiver. In other cases, different volunteers may provide services to a care receiver at different times. All services must be arranged through the Good Shepherd office; arrangements should not be made directly between you and a volunteer (other than confirming the arrangements, as described in the previous paragraph).

4. **Inability to Fulfill Request and/or Referral.** Because volunteers provide all of our services, Good Shepherd Caregivers cannot guarantee that every request will be met. However, our staff will make every effort to locate a volunteer to carry out the requested task. In the event that we are unable to fulfill a request, our staff will provide you with referrals, as appropriate and give you a minimum of 48 hours’ notice. _____

← PLEASE INITIAL

5. **Questions or Concerns.** GSIVC staff members are open to and encourage any questions or concerns at any time.
6. **Follow-Up.** After a match has been made, you may be called a few weeks later to make certain that your needs are being met.

CONFIDENTIALITY

Volunteers and staff have been instructed in confidentiality and are not permitted to release information without your consent.

IDENTIFICATION

All volunteers are provided with an official identification card. Care receivers are responsible for asking to see this, to ensure your personal safety. If there is ever a doubt about the identity of the volunteer, you should not admit them into your home nor enter their car. A call should be placed immediately to the GSIVC office at 876-3325.

VOLUNTEER COMPENSATION

- Volunteers will perform services with no anticipation of financial compensation. Care receivers should NOT offer to pay volunteers for services.
- GSIVC has a Gifts Policy that states: A volunteer, under no circumstance(s), is to accept money or personal property from a care receiver for services rendered on behalf of GSIVC. If the care receiver wishes to donate to GSIVC, then any money or property MUST BE turned over to the organization; the Services Coordinator will notify the Executive Director and a thank-you issued on behalf of the organization.

MATERIALS

- Supplies and materials needed for minor repairs, cleaning, etc., are the responsibility of the care receiver.

PLEASE INITIAL

SAFETY AND EMERGENCY PROCEDURES

Safety of the care receiver is of utmost importance. Volunteers are trained to act with good judgment in the event of an emergency. The GSIVC **Safety and Risk Management Policy** was developed for the welfare and benefit of all. All volunteers have been trained to follow a detailed Crisis Plan; any serious accident or emergency must be reported to GSIVC personnel immediately.

TRANSPORTATION

For the safety of all involved, volunteers who provide transportation services must do so in vehicles that are in proper working condition and that are duly licensed and insured. Volunteers are at least 18 years old and have a valid driver's license. All drivers and passengers (care receivers) must wear seat belts at all times.

RESOLUTION OF PROBLEMS

When problems arise with the provision of services, the care receiver should contact the CEO of GSIVC, Paula Marrone-Reese, as soon as possible. The Executive Director will then collect information from all those involved and develop a plan of action to resolve the problem. If the problem still cannot be resolved, it should then be addressed to the President of the Board of Directors. _____

PLEASE INITIAL

LIMITS ON SERVICE(S)

Services can only be provided if GSIVC can locate a volunteer willing to provide the requested assistance. Every attempt will be made to meet requests. There may be times when services cannot be provided because a volunteer is not available. _____

PLEASE INITIAL

PHOTOGRAPHS AND OTHER MEDIA

Good Shepherd Interfaith Volunteer Caregivers will use your pictures and stories for newsletters and other media.