

# **Hopewell Respite Care Group Program**

**The Hopewell Respite Care Program** is a community service program for residents of Hopewell, Prince George and surrounding areas aged 35 and older. The program is for persons who reside at home alone or are under the constant care of a caregiver, and/or are physically or mentally challenged and/or has sensory disabilities. Respite Care gives eligible persons the opportunity to participate in meaningful recreational, educational, leisure and social activities in a safe environment with their peers. It also provides an opportunity for caregivers to have some quality time to take care of personal, recreational and social needs.

**The Hopewell Respite Care Program** offers many activities to the members such as arts and crafts, adapted sports games, swimming, mild exercises, board games, field trips, seasonal programs and refreshments. The activities are designed to enhance the self-esteem, maintain and/or enhance independence, individual and social skills of members. Each member plays an active role in the day to day activities, depending on their capabilities and interests.

**The Hopewell Respite Care Program** meets at the Hopewell Community Center 3 days a week from 9:30 a.m. to 1:30 p.m. Staff consists of a Program Leader, Program Assistant and Volunteer Staff. They assist the members with the activities, ambulating and meals as required. Transportation to and from the Community Center is available for members of the program (within the City of Hopewell city limits).

Volunteers are needed to assist staff and members with programs and activities. Take advantage of this community service at a fee of \$2 a day (see program specialist if assistance is needed, and donations are always welcome. Enjoy yourself in a home away from home atmosphere. We are here to serve you. For further information contact the Hopewell Community Center at **541-2355**.

**Updated 4/2013-AC**

# Hopewell Respite Care Group Policies and Procedures

1. **The Hopewell Respite Care Program** is a community service program for residents of Hopewell, Prince George and surrounding areas 35 and older. The program is for persons who reside at home alone or under constant care of a caregiver, and/or physically or mentally challenged and/ or has sensory disabilities.
2. **Goal:** The goals of the program are: to enable persons to remain in their homes as long as possible; to enhance the quality of life for member and caregiver; to foster socialization and peer interaction; to provide family support and serve as an information referral source for family members and caregivers.
3. **Purpose:** The Respite Care Program gives eligible persons the opportunity to participate in meaningful recreational, educational, leisure and social activities in a safe environment with their peers. It also provides an opportunity for caregivers to have some quality time to take care of personal, recreational and social needs.
4. **Days of Operation:** The group meets at the Hopewell Community Center on Wednesday, Thursday and Friday every week from 9:30 a.m. to 1:30 p.m. However, members may only be able to attend on certain days due to staff-member ratio and level of independence of a member. Priority of attendance will be given to elderly adults living at home with a caregiver or those living in their own.
5. **Membership Eligibility:**
  - \* Each potential member is required to complete an application to provide income verification, i.e. - copy of monthly check, W-2, etc.
    - The Senior Program Specialist or Program Leader must interview all potential members before attending program.
    - Individuals **must** attend the program for a **full** day. If a member has an appointment or any other engagement and will not be able to attend the full day they will not be able to attend Respite Care Group on that particular day. However, every situation is evaluated by staff and left to the discretion of the Program Leader and Program Assistant.
    - Members requiring assistance with daily living skills will be considered for membership on a case by case basis.
    - Depending on the needs of the participant, an aid or an assistant might be required, i.e. those requiring bathroom assistance or assistance walking or standing will need to have an assistant or an aid prior to approval for participation in the program.
    - Individuals must be able to administer their own medication, if required, during program hours.
    - Individuals will be assigned a specific day(s) to attend based on member and/ or caregiver needs as determined by the Program Specialist and Program Leader during the assessment process.
    - Individuals residing in institutional environments are not eligible for the program; i.e. - assisted living, long term care, etc.
    - Adult Day Service groups are not eligible for attendance.

6. **Activity Participation:** In keeping with the goals and the purpose of the program, to enhance and maintain independence of members, members will be encouraged and expected, with their capabilities, to participate in program activities and events, i.e.- arts and crafts, board games, exercise, meal preparation and clean up, etc.
7. **Transportation:** Transportation to and from the Center is available for members of the program (within the City of Hopewell city limits). The City of Hopewell Department of Recreation & Parks transportation guidelines apply and are to be followed by those attending the Program.
  - Members will be transported to and from the Center only. No stops for appointments are allowed. **Members can only call in for one pick up time per day, not twice per day and reservations should be made the day before the scheduled time.** All members must call the Center to make reservations between the hours of 8:30 a.m. to 4:00 p.m. Monday through Friday 24 hours in advance of the days they are scheduled to attend the program at 541-2355/53/56.
8. **Meals:** Nutritious snacks and lunch will be provided for members. For health and sanitary reasons members are not allowed to take food off the premises. Staff will monitor nutritional intake in accordance with individual medical and dietary information provided only to members who provide documentation from licensed physician stating medical reason why the member(s) can not consume food served with suggested substitutions.
9. **Excursions:** Various day trips and excursions will be scheduled. Members will have to sign up for these activities and will be on a first come, first serve basis due to transportation limitations.
  - Members must be present during program hours to sign up for trips. No one is allowed to sign up for a trip if they are absent more than two weeks prior to the trip.
  - For health and safety purposes, if a member has been out sick and/ or hospitalized just prior to a trip they will not be allowed to attend.
  - Members attending the trip might be required to make a contribution towards the cost of the trip depending on funds.
  - Members will be given ample notice of the trip and cost enabling them to make payment and save towards the trip if required.
  - Each member might be responsible to tip the wait staff when attending trips that include a restaurant. The tip will vary between \$1 and \$3 per person depending on the cost of the meals. The required tip will be announced prior to the trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 4/26/13  
AC



# HOPEWELL RESPITE CARE GROUP PROGRAM FORM

DATE \_\_\_\_\_

## Recreation and Parks

1. NAME \_\_\_\_\_ DOB: \_\_\_\_\_

100 W. City Point Road  
Hopewell, VA 23860

AGE \_\_\_\_\_ M/F \_\_\_\_\_

(804) 541-2353 2. ADDRESS: \_\_\_\_\_

(804) 541-2464 fax PHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_

3. EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

4. PHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_

5. MEDICAL CONDITION: \_\_\_\_\_

6. MEDICATION: \_\_\_\_\_

7. DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

### CHECK AND/OR EXPLAIN TRANSPORTATION ELIGIBILITY REQUIREMENT

DISABILITY:

PHYSICAL \_\_\_\_\_ SENSORY \_\_\_\_\_ MENTAL \_\_\_\_\_

WHEEL CHAIR: YES OR NO \_\_\_\_\_ NEEDS ASSISTANCE YES OR NO \_\_\_\_\_

### DEPARTMENT USE ONLY

TRANSPORTATION ELIGIBILITY:

HOPEWELL \_\_\_\_\_

UPDATED: 5/3/13, AC.



# TRANSPORTATION FORM

DATE \_\_\_\_\_

## Recreation and Parks

1. NAME \_\_\_\_\_ DOB: \_\_\_\_\_

100 W. City Point Road  
Hopewell, VA 23860

AGE \_\_\_\_\_ M/F \_\_\_\_\_

(804) 541-2353 2. ADDRESS: \_\_\_\_\_

(804) 541-2464 fax  
PHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_

3. EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

4. PHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_

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WHEEL CHAIR: YES OR NO \_\_\_\_\_ NEEDS ASSISTANCE YES OR NO \_\_\_\_\_

**DEPARTMENT USE ONLY**  
TRANSPORTATION ELIGIBILITY:

HOPEWELL \_\_\_\_\_

UPDATED: 5/13/13, AC.



**City of  
Hopewell**

100 West City Point Road  
Hopewell, Virginia 23860

**INDEMNIFY FORM**

**Registrant's Name:** \_\_\_\_\_

**Mailing Address to include zip code:** \_\_\_\_\_

**I agree to indemnify and hold harmless City of Hopewell, its officers, employees and agents from and against any, and all, claims and liabilities for injury to persons or property which may be suffered by anyone as a result of, or in any way connected with participation in any activity, program or facility. I agree that the waiver of liability and hold harmless provisions of this application shall be effective to absolve the City of Hopewell and its officers, agents and employees from liability to the maximum extent permitted by Virginia law. If any provision of this application is held void or of no effect by a court of competent jurisdiction, the remainder shall be effective to the extent permitted under Virginia law.**

**Form will remain on file for all registrations.**

**Signature of Participant, Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# VIRGINIA SERVICE – QUICK FORM

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Updated \_\_\_\_/\_\_\_\_/\_\_\_\_

## Client Name & Demographic Information

\* Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

\* Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

\* Phone: ( ) \_\_\_\_\_ County or City of Residence: \_\_\_\_\_

Client's Customer ID: \_\_\_\_\_ Is There a Caregiver? Yes \_\_\_ No \_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
(Month) (Day) (Year)

### Race Status:

\_\_\_ White or Caucasian Only \_\_\_ Black / African American \_\_\_ American Indian or Alaskan  
\_\_\_ Asian Only \_\_\_ Native Hawaiian or Pacific \_\_\_ Native Only  
\_\_\_ Two or More Races \_\_\_ Islander Only \_\_\_ Some Other Race Only  
\_\_\_ Combined \_\_\_ Race Unknown or Unreported

### Hispanic Origin:

\_\_\_ Hispanic or Latino Origin OR \_\_\_ Not Hispanic or Latino Origin OR \_\_\_ Hispanic Ethnicity Unknown

## Physical Environment

\_\_\_ No one else lives in my home

\_\_\_ Yes, I live with someone

## Financial Resources

Number of members in immediate family: \_\_\_\_\_

Total monthly income of immediate family: \$ \_\_\_\_\_

In Federal Poverty? Yes \_\_\_ No \_\_\_

Sliding Fee Scale Level? A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ E \_\_\_ F \_\_\_ G \_\_\_  
(If applicable)

For Office Use Only  
Services Requested:

Services Provided:

Agency / Provider: \_\_\_\_\_ PSA No. \_\_\_\_\_

NOTE: At a minimum, this form must be updated annually in order for a client to continue service.

\* Legal Assistance and Elder Abuse Services do not require these fields: Name, Address (Street, City, State, Zip) or Phone Number.