**SCP 2017 Client Care Plan Information and Instruction Guide**

1. Make sure you have the FY17-18 Senior Companion Program (SCP) Client Care Plan and Letter of Agreement. The purpose of this document is the following:
   1. To provide a tool to match a Senior Companion volunteer with an individual in need of services
   2. To identify the individual needs of each client to be served
   3. To create an agreement that allows the client and volunteer to agree to the frequency and schedule of when they will meet and what services will be provided
   4. To allow clients, case managers, family members (if appropriate), volunteers and SCP staff to have a full understanding of the commitment being made
2. The case manager will complete the Care Plan at the initial meeting between the client and volunteer, and will update annually as long as the relationship continues. **Please complete all questions under each section.**
   1. **Client Information**
      1. Volunteer Station refers to the name of the agency, ie Area Agency on Aging
      2. Contact name refers to case manager or other agency staff person who the SC volunteer should contact regarding the client
   2. **Client Needs Assessment**
      1. Check as many of the options as apply to the client.
      2. These categories are provided by our federal funder, CNCS, and we must report on them annually. If the need of your client is not listed, use the “other” category and write in the need.
   3. **Client Emergency Contact**
      1. List whoever should be contacted in case of an emergency, whether that is the case manager, a family member, or a doctor (can’t be the Senior Companion).
   4. **Companion/Client Match**
      1. Select the day(s) and write in the times the volunteer will visit each week.
   5. **SCP Primary Service:** Choose one of the following primary services to be performed by the volunteer
      1. Companionship
         1. This will be the selection for the majority of the clients and includes all the categories under the activities selection below.
      2. Transportation
         1. Transportation cannot be the only need of a client, however, if the client needs companionship in addition to transportation, and transportation is the most pressing need, select this as the primary service.
      3. Respite
         1. If a volunteer will be performing respite services for a caregiver this is the appropriate selection.
      4. **Activities**
         1. Select all that apply for each client
   6. **Signatures**
      * 1. Each signatory must print, sign, and date

***Please note:*** *missing signatures or incomplete information may delay the delivery of services to clients so we appreciate your support in completing this paperwork accurately and on time.*