

Policy for Provision of IVC Services to Care Receivers-Adopted 1/24/19

Non-Discrimination Policy

Island Volunteer Caregivers (IVC) does not discriminate on the basis of race, gender, religion, age, marital or family status, income, political beliefs, sexual orientation, national origin, or military status.

Care Receiver Ability

For IVC Transportation Services:

Care receiver must be able to get into and out of a car and walk with minimal assistance from a volunteer. If using an assistive device (e.g. cane, walker or wheelchair) they must be able to use or get into and out of the device with minimal assistance.

For In-Home Services, Respite Care or Companionship, IVC volunteers are not allowed to provide the following services:

- Assistance with activities of daily living (ADLs) personal care: bathing, dressing, feeding, toileting, or transferring that requires any lifting by the volunteer.
- Giving medical advice or assisting in setting up prescription or over-the-counter medication organizers.
- Providing financial or legal advice, paying bills, balancing checkbooks, signing checks or serving as power of attorney.

For All IVC Services

Care receiver may not be under the influence of alcohol, narcotics or other drugs that affect judgement and cognition.

The care receiver's home must be a safe and healthy environment for volunteers. Each care receiver will receive an in-home assessment to determine suitability for volunteer services, which may be updated as necessary when circumstances change and at the sole discretion of IVC staff.

Considerations include:

- Unsanitary or unhygienic conditions evidenced by, for example, an accumulation of garbage or rotting food, excessive human or animal waste.
- Evidence of infestation of insects or vermin.
- Poor home maintenance, such as broken steps, railings or decking; or appliances that are shorting, overheating or smoking.
- Presence of excessive mold, mildew, dust or other allergens.
- Fire safety considerations, such as exits and entrances blocked or improper storage of flammable items.
- Evidence of illegal activity.
- Unsecured firearms.

Declining or Discontinuation of IVC Services

Services will be discontinued if a care receiver engages in physical, verbal or sexual harassment of a volunteer, staff or another care receiver.

Occasionally, IVC staff will determine that the level of physical or emotional support needed by a care receiver is beyond the scope of what volunteers are prepared for or can safely provide. In this instance, every effort will be made to provide referrals to other appropriate agencies that may be better prepared to meet those needs.

Care Receiver Authorization:

I have read the above and understand that volunteers of Island Volunteer Caregivers (“IVC”) will provide assistance to me in response to my requests for specific services, within these guidelines and as determined in IVC’s sole discretion.

I also understand the following:

- Except in emergencies, I will contact IVC staff to make requests for volunteer services at least one week in advance.
- When I request services, IVC staff will do its best to find a volunteer to assist me, but cannot guarantee that this will always be possible.
- IVC staff may cancel or postpone a volunteer assignment to assist me if staff determines that this is necessary due to an emergency affecting health or safety of a volunteer or care receiver; if so, staff will telephone me to inform me of the situation.
- All requests for services must go through the IVC office and I should not contact the volunteer directly, unless I am seeing a volunteer on a regular schedule.

I authorize the release of the following information to volunteers who assist me, to emergency personnel, and to any medical personnel or other contact persons I have identified to IVC:

- My name, address and telephone number.
- The name and phone number of any physician or healthcare provider I have provided to IVC.
- The name address and phone number of any contact I have provided to IVC.
- Information about my physical limitations or medical conditions that should be shared for my safety and welfare.

I give permission for IVC staff or the volunteer to contact my emergency contacts or healthcare provider for concerns about my health or safety.

Signature of care receiver _____

Date _____