

**SANDPOINT FRIENDSHIP STATION
POLICIES AND PROCEDURES
for Participants and Caregivers**

Purpose

SANDPOINT FRIENDSHIP STATION is designed to meet the social and emotional needs of adults with mild to moderate memory loss and, in some cases, adults living with other challenges who function well in this setting. The program provides day activities and social opportunities outside the home in a caring, non-medical setting. It extends emotional support to family and friend caregivers through interactions, sharing information, and personal time away (called respite) for rest and attending to other responsibilities.

Governing Body

SANDPOINT FRIENDSHIP STATION is a chapter of Respite for All Foundation, Auburn AL (respiteforall.org). It is hosted and administered by Sandpoint United Methodist Church, Sandpoint, Idaho, with a RFA Foundation Community Participation Agreement. The chapter follows the social model for respite care put forth by the Respite for All Foundation. A network of local churches and organizations in Bonner County contribute to the local program in many ways. The chapter's schedule, program and budget are set by a Friendship Station Advisory Council, populated with council members from at least two churches and the local community. Participants and Caregivers are welcome to give input to the Council.

Services Offered

For the Participant:

FRIENDSHIP STATION provides a caring, loving environment for the well-being of each Participant. A variety of activities includes, but is not limited to, social, creative, intellectual, spiritual, and recreational programming. All activities are designed to provide mental stimulation and social participation. Examples of activities include group singing, gardening, crafts, community services, reminiscing, exercise, adapted games, intergenerational programs, art therapy, pet therapy, and socialization activities.

For the Caregiver:

FRIENDSHIP STATION provides respite (an interval of rest or relief) for the Caregiver. It supports the efforts of the family to keep their loved one in the home environment, which can contribute to the quality of life of the Participant as well as the family. Regular program attendance facilitates getting to know others in the community, both Participants and Caregivers, with similar experiences, leading to an increase in sharing information about available resources, Alzheimer's, etc.

Hours, Days of Operation, Location

FRIENDSHIP STATION operates on a 10 am to 2 pm weekday schedule, based on Participant needs, resources and Volunteer/Director availability.

Currently Participants are being served in the program on

DAY: _____ Wednesday _____ DAY: _____

The program will be closed on legal holidays.

We anticipate offering at least 44 weeks of programming each year.

Program schedules will be available to Caregivers periodically.

Changes in schedule, due to weather or other unseen conditions, will be communicated to Caregivers (and Participants when appropriate), by print, text, phone, Facebook and/or email.

All regular FRIENDSHIP STATION programs meet at **Sandpoint United Methodist Church**,
711 Main Street, Sandpoint ID 83864. FRIENDSHIP STATION has mobile phone numbers no associated with the church office:

Director Phone numbers for calling and texting: 208 304 6624 (published number) 208 597 0691 (backup)

Acting Directors Elissabeth Defreitas & Deni Williamson

Email: Sandpointfriendshipstation@gmail.com

Facebook: Sandpoint Friendship Station

Discharge/Termination Procedure

Participants and their Caregivers come to the program with an understanding that FRIENDSHIP STATION meets the needs of individuals for a certain period of time, based on a progression of their symptoms. Consideration of discharge from the program will be discussed with Caregiver(s), in writing or in person, as soon as possible when the need arises. The decision of discharge is seldom easy. A decision will be made by Friendship Station Program Directors who inform the Friendship Station Advisory Council. When possible, FRIENDSHIP STATION will help families explore next steps prior to termination.

Payment/Rates/Attendance

There is a fee of \$40.00 per day for participation in the program (lunch included) which is paid monthly. For one program day each week, for one month, families can expect to pay \$160 to \$200, depending on the number of calendar program days in that month. Participants will be charged ½ fees (\$20/program) for days absent or missed, to cover contracted services. Families will receive the monthly bill on the last program day of each month. Payment must be received by the first program day of the following month for continued participation, unless other arrangements are made with the Program Directors.

FRIENDSHIP STATION will provide simple resources to help families create a “Care Team,” which includes requests for scholarships that help cover participation costs. Additional scholarships may be available, upon request.

A significant number of absences may prompt a discussion on discharge/termination.

Staffing

A FRIENDSHIP STATION Program Director will be in charge of each day’s operation and activities. Trained (background checked) Volunteers provide the majority of staffing. The ratio of Volunteers to Participants may vary from 2-3 Participants to one Volunteer, depending upon individual and group needs.

Communication

It is of great importance that lines of communication between Caregiver and the Program Directors remain open. If the family of a Participant has concerns, observations, and/or suggestions they are asked to initiate discussion with the Directors. This can be best accomplished by scheduling an appointment with a Director. In the same way, Directors will initiate discussion with Caregivers when they have concerns, observations, or suggestions.

Medication/Health/Injury

Participants who need to take medication(s) during the program hours must be able to take it/them independently. Participants must keep the medications with them during the day, as staff and Volunteers are unable to store or handle medications. When Participants bring medications, Caregivers MUST give a note to the Volunteer/Director who welcomes the Participant, to alert the staff that medications are present.

No one on staff is a medical professional. If a Participant shows signs of illness or infectious disease during program hours, a Director will contact the Caregiver, requesting them to pick up the Participant as soon as possible.

Please keep a Participant home if their temperature is above normal or they have been exhibiting signs of illness in the past 24 hours.

In order to participate in the program, Caregivers must have Contact Numbers, and Emergency Contact Numbers on file. If for any reason there is a change to these contacts on a program day, the Caregiver MUST give a note with the changes to the Volunteer/Director who welcomes the Participant, for safety sake.

Sickness and accidents that result in physical injury or suspected physical injury will be reported to the Director. The Caregiver of the Participant will be immediately notified and may be called to come on site. If deemed necessary, transportation to the hospital will be obtained by calling 911. An accident report will be filed with the signature of the Caregiver. If a Participant has a valid Physician Orders for Scope of Treatment (POST) or Do Not Resuscitate (DNR), families should put a copy of this document on file at the Bonner General Hospital Medical Records office. They should also attach a copy of these documents to the Participant Medical Records to be kept on site.

Personal Attendants

Participants may choose to have a personal paid or volunteer Attendant with them during the program hours. Personal Attendants will provide necessary aid to their own client, but must also be willing to participate in the activities as scheduled. They will be responsible for payment of their meal (\$10.00).

Participation in a Supportive Local Community

SANDPOINT FRIENDSHIP STATION is sustained by a caring, joyful network of community-minded people. Some may be directly affected by the challenges of living with Alzheimer's or Related Dementias. Some may be motivated to support FRIENDSHIP STATION as a way to make Sandpoint and Bonner County places that value all residents, providing ways to come together to benefit every one of our neighbors. We all have a role in making SANDPOINT FRIENDSHIP STATION a place to "Connect with JOY" –our tagline.

Participants, Caregivers, Volunteers and others become part of this supportive community. As such, you will be invited to tell others about SANDPOINT FRIENDSHIP STATION, using these communication tools.

- 1) a members-only Facebook page Sandpoint Friendship Station
- 2) a website:
- 3) regular updates from Sandpointfriendshipstation@gmail.com
- 4) handouts, cards, flyers
- 5) invitation to participate in special events and promotions
- 6) text updates from Friendship Station Phone numbers 208 304 6624 or 208 597 0691

SANDPOINT FRIENDSHIP STATION
WELCOME ABOARD!
Participant Response Tool
FIRST INTERVIEW

NAME_____

FAVORITE NAME OR NICKNAME_____

ONE WORD THAT BEST DESCRIBES YOU_____

YEAR BORN_____ BIRTHDAY_____

PLACE OF BIRTH_____

FAVORITE CAKE OR PIE_____

OR ALTERNATE BIRTHDAY TREAT_____

FAVORITE ICE CREAM FLAVOR AND FORM (SANDWICH, SCOOP, CONE, ETC) OR ALT

WHAT PROFESSIONS OR JOBS HAVE YOU
HAD?_____

WHAT ARE YOUR HOBBIES AND INTERESTS?

WHAT ARE YOUR FAVORITE MUSIC TYPES AND WHO ARE YOUR FAVORITE
MUSICIANS?_____

DO YOU HAVE 3-5 FAVORITE
SONGS?_____

DO/DID YOU PLAY ANY
INSTRUMENTS?_____

WOULD YOU SAY YOU ARE AN ARTIST? _____

WHAT KINDS OF ART HAVE YOU
DONE?_____

DO YOU/DID YOU LIKE TO GARDEN? IF SO, TELL US
MORE_____

DO YOU/DID YOU LIKE OUTDOOR SPORTS, IF SO, TELL US
MORE_____

WHAT MOVIES DO YOU THINK ARE THE BEST EVER?

WHAT BOOKS OR MAGAZINES HAVE BEEN YOUR
FAVORITES?_____

WHAT TV SHOWS ARE THE ALL-TIME BEST?

HOW LONG HAVE YOU LIVED IN BONNER COUNTY?_____

WHERE ELSE HAVE YOU
LIVED?_____

WHERE'S YOUR FAVORITE PLACE?

SHARE A SHORT STORY FROM YOUR CHILDHOOD.

SHARE SOME OF YOUR FAVORITE THINGS ABOUT SANDPOINT AND IDAHO

ARE YOU CLOSE WITH ANY GROWN CHILDREN, FRIENDS, OR GRAND CHILDREN?

WHAT ARE YOUR FAVORITE
FOODS?

WHAT IS ONE WAY YOU WANT TO HELP FRIENDSHIP STATION BECOME A JOY FILLED
PLACE?

WHAT ELSE DO YOU WANT YOUR FRIENDS AT FRIENDSHIP STATION TO KNOW ABOUT
YOU?

DATES

INTERVIEWS BY

SANDPOINT FRIENDSHIP STATION
WELCOME ABOARD!
Participant Response Tool
Chapel Participation Form

NAME _____ DATE _____

Sandpoint Friendship Station is a Community that brings people together, regardless of their faith, beliefs, or background. Everyone is valued and welcomed.

As a faith-based Respite for All chapter, Sandpoint Friendship Station is uniquely qualified to provide short, meaningful worship experiences for adults living with dementia, their friends and families.

- ☐ Attending a Friendship Station Chapel service is always optional.
- ☐ Family and Friends are always welcomed.
- ☐ Invitations with time and date will be given beforehand.
- ☐ Participants who do not wish to take part in Friendship Station Chapel will always have meaningful alternative programming.

You can help Friendship Station plan meaningful Chapel times by answering these questions—

Was attending Church part of your experience
as a child? _____
as an adult? _____

If so, what Church or Churches did you attend?

Do you have thoughts or memories about church that you'd like to share?

Do you have any favorite hymns or songs?

Do you have any favorite Bible verses or prayers?

What will make Friendship Station Chapel meaningful for you?

- | | |
|---|--|
| <input type="checkbox"/> Hymns | <input type="checkbox"/> A 5 minute sermon |
| <input type="checkbox"/> Lively songs with clapping | <input type="checkbox"/> A Friendship Station Choir (I will sing!) |
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Other ideas |
| <input type="checkbox"/> Communion | |
| <input type="checkbox"/> Scripture reading | |
| <input type="checkbox"/> Time to share our stories | <input type="checkbox"/> I don't think I want to attend Chapel. |

Thank you for helping Friendship Station plan good worship experiences! We appreciate YOU!

SANDPOINT FRIENDSHIP STATION

**POLICIES AND PROCEDURES
PHOTO RELEASE FORM**

CAREGIVER: CHECK HERE ☐ and SIGN _____
to give your consent for BOTH name/photo release of PARTICIPANT _____ DATE

VOLUNTEER: CHECK HERE ☐ and SIGN _____
to give your consent for BOTH name/photo release _____ DATE

VISITOR/FACILITATOR: CHECK HERE ☐ and SIGN _____
to give your consent for BOTH name/photo release _____ DATE

Sandpoint United Methodist Church
Respite Care Ministry Program
FRIENDSHIP STATION PARTICIPANT APPLICATION

Today's date _____

Caregiver's Name _____

Caregiver's Phone Number _____

Participant's Name: _____ Date of Birth: _____

Caregiver's Address:

City: _____ State: _____ Zip: _____

Participant's Address if different from Caregiver's

City: _____ State: _____ Zip: _____

Caregiver's Email

Address _____

BILLING ADDRESS? Where does the bill go and to whom?

Name :

Address:

The above named persons have applied for enrollment or are currently enrolled at Sandpoint Friendship Station, a Respite Care Ministry hosted by Sandpoint United Methodist Church. Your careful examination and written recommendation on this form will help to ensure that the Participant is provided appropriate care and services related to this social program.

This current medical history will be shared with First Responders, should there be a medical emergency. Your initials here indicate that you do allow this information to be shared with professional medical personnel and/or First Responders when medical intervention is deemed necessary.

Your initials: _____

***** **IN A MEDICAL EMERGENCY present this page (front and back) to EMERGENCY PERSONNEL.** *****

Participant Name _____ **DOB** _____

Please indicate if the Participant has any of the following diseases or conditions, and if special attention or restrictions to normal activities apply.

Current Disease/ Chronic Condition	Yes	Special Attention Required	Restriction on Activities
Alzheimer's/Related Dementia			
Anemia			
Arthritis			
Asthma			
Cerebral Palsy			
Diabetes			
Effects of Stroke/Paralysis			
Emphysema/Bronchitis			
Epilepsy/Seizures/ Fainting Spells			
Gastro-Intestinal Problems			
Heart Trouble			
High Blood Pressure			
Kidney/Urinary Tract Problems			
Mental Retardation			
Tuberculosis			
Skin Disorders			

Any other diseases or conditions: _____

Any known psychiatric problems? ___ YES If YES, please comment on nature, severity, and interventions in place:

Are there any restrictions for medical reasons on physical activities such as walking, exercises? ___ YES If YES, please explain:

Participant Name _____ DOB _____

Please list all medications the Participant takes, with dosages and times:

Medication	Dosage	Time

Special **diet** required? __ YES __ NO If YES, please explain: _____

Any known **allergies to FOODS** _____

Other known **allergies MEDICATIONS, ENVIRONMENTAL etc** _____

Anything we should know about on-going **medical treatment**? __ YES If YES, please explain: _____

EMERGENCY CONTACTS: Pull this page in a medical emergency and be ready to present it to DIRECTOR, CHURCH STAFF, EMERGENCY PERSONNEL

EMERGENCY NUMBERS

CAREGIVER NAME _____

CAREGIVER's PRIMARY NUMBER _____

CAREGIVER'S SECONDARY NUMBER _____

If no answer to these numbers

CAREGIVER'S DESIGNATED ALTERNATIVE CONTACT

NAME _____

PHONE _____

2nd DESIGNATED ALTERNATIVE CONTACT

NAME _____

PHONE _____

Make notes here of who has been contacted and the time of contact:

*

SANDPOINT FRIENDSHIP STATION Participant's Bill of Rights



Participants in SANDPOINT FRIENDSHIP STATION hosted by Sandpoint UMC have the right to:

- ☐ Be treated as an adult with respect and dignity.
- ☐ Participate in a program of services and activities that promotes positive attitudes on one's usefulness and capabilities.
- ☐ Be free from actual or threatened physical or chemical restraints.
- ☐ Be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program or services designed to promote personal independence.
- ☐ Have opportunities to decide whether or not to participate in a given activity, and to be involved to the extent possible in program planning and operation, helping to inform directors and staff of appropriate alternative activities to be offered.
- ☐ Be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.
- ☐ Privacy and confidentiality.
- ☐ Be made aware of the grievance process.
- ☐ Be involved and included in grief and closure activities that are meaningful to them, when cherished Volunteers and Friends leave, or pass away, or the sense of Community feels modified because of new circumstances, changes in facility, programming, leadership, etc.
- ☐ Be fully welcomed to attend periodic Respite for All styled worship services offered by local pastors, using orders of service especially adapted for persons living with dementia, but never feel coerced or overlooked because of their personal choice not to attend, and always having sufficient Volunteer companionship for alternate activities during these times.