



THE REST STOP

DEMENTIA RESPITE
MINISTRY

Participant Enrollment Process

The Rest Stop Enrollment Process:

- 1) Inquiry call or e-mail to The Rest Stop Director.
- 2) Determine eligibility for program.
- 3) Complete enrollment forms, copies of photo ID and insurance.

The Rest Stop Enrollment Forms:

- New Participant Information Sheet
- Personal Profile of Participant
- Medical Information Form
- Consent of Emergency Medical Care
- Release of Liability
- Policies and procedures
- Enrollment Contract
- Photo Images, Video, Social Media Consent Form

Note about the Medical Form: We must have a medical form on file before your loved one attends alone. It is NOT required for a doctor to complete before attending, but it IS required that you, the caregiver, complete to the best of your knowledge.

Photo Copies:

Upon first drop off, please provide a photocopy of the items below. NOTE: We are glad to make copies of the above for you here at The Rest Stop. To do this, please place items in an envelope and give them to The Rest Stop Director (Gina Floyd) at the beginning of the day. We will make the copies and return to you at pick up:

- Driver's License or other photo ID
- Insurance Card
- Living Will (optional)
- DNR (optional)

Fees & Payment Process:

- The participation fee is \$40 per day.
- Payment is requested at the end of the month.
- Checks & cash: Please make checks payable to “The Shepherd’s Center of Kernersville.” Always include participant name and payment month on the check memo or on a note with cash payments.
- Please do not give payments to volunteers. Give all checks or cash payments to the front desk.

A few notes and reminders as you begin...

ARRIVAL TO THE REST STOP:

The Rest Stop will be held at Sedge Garden United Methodist Church (794 Sedge Garden Road, Kernersville). We will be ready at 10:00am, but not before. So please do not arrive before 10:00am; our volunteers are in a meeting until 9:55am. Thank you!

PICK UP:

Please arrive by 2:00pm. Please be prompt with your pick-up and do not arrive later than 2:00pm. If you have an emergency and will be late, please contact The Rest Stop Director, Gina Floyd at 336-509-0775

ABSENCES:

For consistency, please try to schedule medical appointments, trips/vacations, and family on NON Rest Stop days. If that is not possible, 48-hour notice for an upcoming absence is requested and 24 hours’ notice is required. You will be invoiced for days when timely notice is not given.

CAREGIVER ATTENDANCE:

Caregivers (paid or family) are ALWAYS welcome to visit The Rest Stop. For the same reasons above, please confirm at least 48 hours in advance if a caregiver will attend with your loved one. There will be a \$10 fee for lunch.

CAREGIVER SUPPORT GROUP:

As part of the program, a support group is open to all caregivers who have a loved one attending The Rest Stop. The Caregiver Support Group meets the 2nd and 4th Monday of each month, 11:00am to 12:00pm at The Shepherd’s Center in Kernersville, 636 Gralin Street, Kernersville. This is a safe space for confidential discussion, education, and support of dementia caregivers. This group is open to The Rest Stop partners and family. If you would like to connect with the facilitators, please send an email to Ann Hiatt at annhiatt@hiattarenigar@gmail.com



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Governing Body

The Group Respite Ministry, The Rest Stop is a program of The Shepherd's Center of Kernersville.

Purpose

The ministry is designed to meet the social and emotional needs of older adults and their caregivers. It provides activities and socialization opportunities outside the home in a safe and caring setting for older adults with mild to moderate memory loss and/or medical impairments. The ministry also supports the caregiver by giving them personal time away during the day in which to rest and address their own needs.

Services Offered

For the Older Adult Participant:

The ministry provides a safe, 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 floor games, intergenerational programs, art therapy, pet therapy, and socialization activities.

For the Caregiver:

This ministry provides respite (an interval of rest or relief) for the caregiver. It supports the efforts of the family to keep the loved one in the home environment, which will contribute to the quality of life of the participant as well as the family. The Rest Stop also provides the caregiver with a Caregiver Support Group on the 2nd and 4th Monday of every month from 11:00am to 12:00pm at The Shepherd's Center of Kernersville, 636 Gralin Street, Kernersville. The Shepherd's Center of Kernersville also provides information regarding available community resources, nursing home options, Alzheimer information, etc.

Hours, Days of Operation, Location

The Rest Stop operates on Tuesdays and Thursdays from 10:00 am to 2:00 pm. The location of The Rest Stop will be at Sedge Garden United Methodist Church, 794 Sedge Garden Road, Kernersville, NC. The program will be closed on all legal holidays, i.e., New Year's Day, Martin Luther King's Day, Fourth of July, etc. Advanced notification of closing will be communicated to participants and caregivers.

Discharge/Termination Procedure

Consideration of discharge from the program will be discussed with the family member(s) before final decision of termination is made in order to give as much advance notice as is reasonably possible. The decision of discharge is left to the Director of The Rest Stop and The Rest Stop Advisory Board.

Payment/Rates/Attendance

There is a daily fee of \$40.00 per day for participation in the program which is paid monthly. Statements are issued at the end of the month for the number of days the participant has attended the program.

There is no charge for days not attended; communication to the Rest Stop Director is vital to day-to-day planning. However, there will be a charge for no shows.

Staffing

The Rest Stop Director will staff the program with volunteers. In the director's absence, the lead volunteer will be in charge of the operation and activities of The Rest Stop. Trained volunteers provide additional staffing and are assigned participants with whom they will socialize during the day. The ratio of volunteers to participants may vary from 1 to 2 participants to one volunteer, depending upon individuals.

Communication

It is of great importance that lines of communication between caregiver and The Rest Stop Director remain open. If the family of the participant has concerns, observations, and/or suggestions they would like to discuss, they are always encouraged to do so. This can be best accomplished by scheduling an appointment with The Rest Stop Director.

Medication/Health/Injury

Participants needing 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 we are unable to store medications. The Rest Stop Director will remind a participant to take his/her medication; however, they are unable to administer any medications. Family members must take full responsibility for medication administration.

No one is a medical professional. If a participant shows signs of illness or infectious disease, the Rest Stop Director will contact the participant's caregiver, advising him/her to pick up the participant. Please keep participant home if temperature is above normal.

Sickness and accidents resulting in physical injury or suspected physical injury will be reported to the Rest Stop Director who will arrange for appropriate medical attention to be obtained. The caregiver of the participant will be immediately notified, or emergency actions will be taken. If it is deemed necessary, transportation to the hospital will be obtained by calling 911. All medical forms will go with the participant. An accident report will be filed with the signature of the caregiver.

Paid Attendants

Participants may choose to have their personal paid attendants with them during the program hours. Paid assistants will provide necessary aid to their own client but will be expected to assist their client in participating in the activities as scheduled. They will also be responsible for payment of their meals. A \$10 charge will be added to the participants' monthly bill for paid attendants' meals.



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CONSENT FOR EMERGENCY MEDICAL CARE

Participant's Name: _____

As a participant in The Rest Stop Respite Ministry of The Shepherd's Center of Kernersville at Sedge Garden United Methodist Church, I hereby give permission to the Respite Care Director and volunteers to provide direct emergency care for minor emergencies or to access 911 emergency medical services as deemed necessary. I hereby give my full and unconditional approval for The Rest Stop Director and volunteers to secure emergency medical care.

Any resultant bill will be the responsibility of the participant and/or caregiver/guardian. Said individual(s) will be responsible for filing and all medical insurance claims.

In the event a medical situation is not an emergency, The Rest Stop Director may request that a doctor see the participant. It is understood that the participant cannot return to the program without a report concerning the incident.

I will not hold the Respite Care Director or volunteers responsible for any injury, which occurs to the named participant during the course of the program. I acknowledge that The Rest Stop cannot and does not assume responsibility for the undesirable incidents or injuries should the participant leave the program site without permission.

Every reasonable effort will be made to ensure the safety of the participant.

Signed: _____
Participant

Date: _____

Signed: _____
Personal Representative / Legal Guardian / Next of Kin

Date: _____



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Participant Medical Information

Caregiver's Name: _____

Caregiver's Email: _____

Caregiver's Phone Numbers: _____

Participant's Name: _____

The above-named participant has applied for enrollment or is currently enrolled at The Rest Stop Respite Ministry. Your careful examination and written recommendation on this form will help to ensure that the applicant is provided with appropriate care and services, encourages safe participation in program activities, and provides a current medical history in the event of an emergency. The participant's caregiver/family member has signed a release form and is available from The Rest Stop Respite Ministry upon request. Any information reported on this form is considered confidential and will be released only with the caregiver's/applicant's written permission.

Please indicate if the applicant 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			

Current Disease / Chronic Condition	Yes	Special Attention Required	Restriction on Activities
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 not previously mentioned: _____

Any allergies or reactions to medication: _____

Receiving any medical treatment? YES NO If so, please explain: _____

Any known psychiatric problems? YES NO If yes, please comment on nature, severity, and treatment required: _____

Are there any restrictions for medical reasons on physical activities such as walking, exercises, etc.?

YES NO If so, please explain: _____

Please list all medications that the applicant is currently taking, with dosages and times to be taken:

Medication	Dosage	Time

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

Additional Comments: _____

Physician Signature

Date

Insurance Information:

Name of Insurance: _____

Group Number: _____

Policy Number: _____

Name of Doctor: _____

Preferred Hospital: _____

Information last update: _____
Date Date Date



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Performance Assessment

The Rest Stop wants to measure our performance in meeting our three goals:

1. **Mood**
2. **Mobility**
3. **Social Interaction**

Periodically we will observe the following performance measurement. It is important that we start with a reasonable accurate baseline, so we ask for you to provide the following assessment to the best of your ability:

1. **Mood** – Emotional, behavior

What we will keep a periodic record of:

Self-reported mood (pre – post)

Observed mood (pre – post)

Observed behavior (throughout)

Please describe his/her general mood and behavior on a typical day and specific times of the day: _____

2. **Mobility** – physical

What we will keep a periodic record of:

Functioning level (sit to stand / assisted or not)

Ability to participate (activities)

Skill level (maintain skill, learn a new skill)

Please describe his/her energy level, ability to participate, motor and sequencing skills: _____

3. **Social Interaction** – cognitive, verbal/non-verbal

What we will keep a periodic record of:

Engagement level (needs encouragement / self-initiate)

Communication (verbal / non verbal)

Orientation (to place, time and event)

Please describe his/her level of engagement, preferred communication, and orientation to surrounding: _____

By participating in The Rest Stop Respite Ministry, you are giving permission for the use of these performance metrics to be included in research to evaluate the impact of volunteer-based community social engagement program. Names will be removed from collected data to maintain confidentiality.

Caregiver Signature: _____ Date: _____



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NEW PARTICIPATION SHEET

Participant's Full Name: _____

Participant's Date of Birth: _____

Participant's Address: _____

Participant Lives With: _____

Participant's Physician: _____ Physician Phone #: _____

Hospital of Choice: _____

Contacts & Cell Numbers in Case of Emergency:

Caregiver's Full Name: _____

Caregiver's Relationship to Participant: ___ Spouse ___ Child Other: _____

Caregiver's Address: _____

Caregiver's Email: _____ Caregiver's Phone#: _____

Call 1st – Name/Relation/Phone: _____

Call 2nd – Name/Relation/Phone: _____

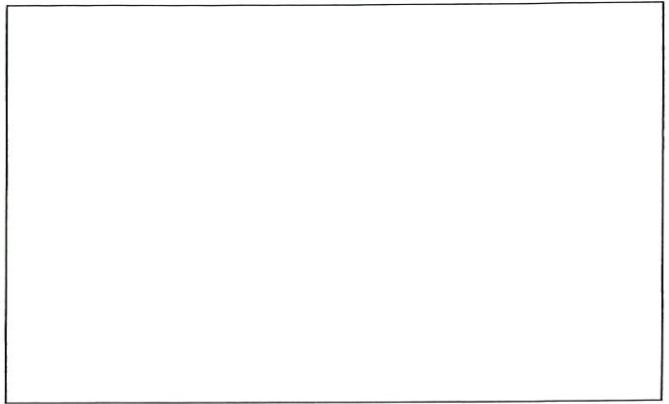
Call 3rd – Name/Relation/Phone: _____

_____ Check if you agree to receive email from support group, newsletter, events, etc.



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PROFILE OF PARTICIPANT



PHOTOGRAPH OF PARTICIPANT

Name of Participant: _____ Date of Birth: _____

Previous / Favorite Occupation: _____

Briefly describe his/her family so we may be able to ask about them (parents, siblings, spouse or children):

Briefly describe a typical day in his/her life: _____

What brings Joy and Happiness in his/her life: _____

What barriers interfere with his/her ability to do things you enjoy: _____

What is most frustrating and most calming for him/her: _____

List anything special you would like the volunteer team to know about: _____



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ENROLLMENT CONTRACT

I, _____ agree to the following regarding the enrollment process for The Rest Stop:

1. The Rest Stop Director has explained admissions and enrollment conditions so that I understand them. I understand the enrollment criteria to participate in The Rest Stop is the following:
 - Friends must be able to ambulate. Canes, walkers, and wheelchairs ARE acceptable.
 - Friends must be able to eat independently.
 - Friends must be able to toilet independently. Absorbent briefs are acceptable.
 - Friends must be able to function cooperatively in a group setting. Specifically, behaving in a way that allows others to be in a group by not requiring an undue amount of assistance or impeding on the needs of others.
2. I agree to inform The Rest Stop Director of any changes pertaining to the participate, including health, medical records, mental and physical status as soon as it is known.
3. I agree to arrange or be available for prompt pick-up if my family member or loved one should become ill or disruptive.
4. I agree to keep my family members or loved one out of The Rest Stop if he or she has a fever, the flu or other contagious illness.
5. I agree to participate in requested family meetings when requested by The Rest Stop Director.
6. I agree to notify The Rest Stop Director 24 to 48 hours if my family member or loved one will be absent from the program.
7. I agree billing procedures will involve statements being sent to the caregivers at the end of each month. Payment is due within 10 days of receipt of the bill. Checks should be made payable to The Shepherd's Center of Kernersville. Please note in the memo line, "The Rest Stop for _____"

Participant's Name

Caregiver's Signature

Date



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SAFETY PROCEDURES

The Rest Stop Respite Ministry's emergency plan at Sedge Garden United Methodist Church:

Safety Notes:

1. Church address:
Sedge Garden United Methodist Church (in the Fellowship Hall)
794 Sedge Garden Road, Kernersville, NC 27284
2. You would direct 911 to come to the back of the church under the overhang to the Fellowship Hall.
3. If someone were to have a heart attack, there is an AED located in the Fellowship Hall (NE back right corner as you walk into the Fellowship Hall)
4. The First Aid Box for The Rest Stop is located at the far doorway into the kitchen and the Rest Stop Director will have one.
5. All participant's emergency information is located in a red 3 ring binder titled The Rest Stop Emergency Information.

Tornado Warning:

1. Move all participants out the double doors leading to the welcome center, turn right to enter hallway in front of the chapel. Pull chairs from classrooms for participants. Secure the exits and take roll to make sure all participants are present. The Rest Stop Director or Volunteer Leader for the day needs to retrieve the emergency red binder with participant's emergency information.
2. Have trivia and songs to sing to pass the time and relieve fear.

Fire Procedures

1. The Rest Stop Director and volunteers will assist participants to the back of the parking lot near the dumpsters. All participants are to exit the double doors under the supervision of The Rest Stop Director and assigned volunteer. Or exit out the inside double doors leading to the welcome center depending on the location of fire. Our safe place to meet would be by the dumpsters. If possible, volunteers would need to grab chairs.
2. The Rest Stop Director would need to take roll of all participants, and volunteers partner up with them to keep them safe until there is an all-clear sign.