

## Appendix E.1 – Sample SCP Volunteer Assignment Plan



### Assignment Plan

Instructions: It is a federal requirement that all Senior Companions have an Assignment Plan for the clients with whom they are assigned to work. The clients they are assigned to must have documented a special need – defined as one or more physical, emotional, or mental health limitations – and be in need of assistance to maintain their highest level of independent living. The Senior Companion is assigned to your organization to provide direct services to one or more eligible clients that result in person-to person supportive relationships with each client served.

Please complete all sections, documenting the client's needs, the activities you want the volunteer to perform, and the desired results of those activities. The completed assignment plan becomes the volunteer's "job description." Please review it with the volunteer to ensure that the required activities and the desired outcomes are understood. Obtain all signatures indicated on page 2 and send to the SCP project office for approval.

The Senior Companion Program recognizes and respects the confidentiality of all of the clients involved in the program. Please be assured that all of the information that you provide will only be used in aggregate and no specific client will be identified.

Senior Companion: \_\_\_\_\_

Volunteer Station/Site: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ phone/email \_\_\_\_\_

Period this plan covers: \_\_\_\_\_

#### Client Information:

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male /Female

Client is living in their own home?  Yes or  No

Client is living with family?  Yes  No

Activity will take place in home?  or in a day program  ?

Client is a Veteran?  Yes  No

Hospice Care?  Yes  No

Respite?  Yes  No

**Client's Needs and Health Assessment:**

- Blind/Visually Impaired
- Homebound/Living Alone
- Chronic Disability
- Alzheimer's or other chronic disease
- Substance Abuse
- Terminal Illness
- Mental Health Related Issue
- Respite
- Other, Describe: \_\_\_\_\_

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**Activities planned with assigned client:** Describe below the activities the Senior Companion will perform\_(Please check all that apply)

- Assist with meal prep and nutrition
- Transportation
- Walking
- Light Housekeeping
- Help pay bills
- Assist with dressing
- Accompany shopping
- Assist with ADL
- Doctor's Visits
- Accompany on errands
- Assist with medication
- Companionship
- Assist with reading or writing
- Other \_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schedule- Day/Time:**

Sun: \_\_\_\_\_ Mon: \_\_\_\_\_ Tues: \_\_\_\_\_  
Wed. \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

**Expected Outcomes.** How do you expect that the client and, in the case of respite care, caregivers will benefit for the Senior Companion's activities? Will the client...

- Feel less lonely and isolated?
- Be more socially engaged?
- Remain living in own home?
- Receive required medications on schedule?
- Benefit from improved nutrition?
- Be able to carry out activities of daily living such as eating, dressing, using the bathroom?
- Will caregivers be able to go to work/attend to personal affairs?
- Other \_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_

**Signatures:**

**I accept this assignment plan:**

\_\_\_\_\_  
Signature: Senior Companion Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Volunteer Station Representative

\_\_\_\_\_  
Date

**I approve this assignment plan:**

\_\_\_\_\_  
Signature: SCP Director

\_\_\_\_\_  
Date



### Assignment Plan for a Senior Companion Leader

**Instructions:** Senior Companion leaders with special skills or demonstrated leadership ability may perform indirect service, such as assisting newer Senior Companions in performing their assignments or coordinating the activities of other Senior Companions. It is a federal requirement that all Senior Companion leaders have an assignment plan that identifies the roles and activities of the Senior Companion leader and the expected outcomes.

Please complete all sections, documenting the role and activities you want the volunteer to perform, and the desired results of those activities. The completed assignment plan becomes the volunteer's "job description." Please review it with the volunteer to ensure that the required activities and the desired outcomes are understood. Obtain all signatures indicated on page 2 and send to the SCP project office for approval.

Senior Companion: \_\_\_\_\_

Service Schedule: \_\_\_\_\_

Volunteer Station/Site: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Period this plan covers: \_\_\_\_\_

**A. Activities planned.** Describe below the activities the Senior Companion leader will perform (For example, will the volunteer coach new Senior Companions in performing their work? Coordinate scheduling of other Senior Companions? Deliver training?):

**C. Expected Outcomes.** What are the expected results of the Senior Companion leader's activities? (For example, Will new Senior Companions providing direct service more quickly adjust to their roles? Will the volunteer station be able to serve more clients? Will the volunteer station be able to serve clients with needs it was previously unable to meet?)

**I accept this assignment plan:**

\_\_\_\_\_  
Signature: Senior Companion

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Volunteer Station Representative

\_\_\_\_\_  
Date

**I approve this assignment plan:**

\_\_\_\_\_  
Signature: SCP Director

\_\_\_\_\_  
Date