APOLLO
RESPITE FOR ALL

St Thomas the Apostle Episcopal Church

NEW PARTICIPANT INFORMATION SHEET

Participant's Full Name: _____

Name they would like to have on their name tag and be called: _____

Participant's Date of Birth: _____

Participant's Address: _____

Participant Lives With: _____

Participant's Physician: _____Physician Phone: _____

Hospital of Choice:

- ☐ Houston Methodist Clear Lake Hospital
- ☐ HCA Houston Healthcare Clear Lake
- ☐ UTMB Health Clear Lake Campus Hospital
- ☐ UTMB Health League City Campus Hospital
- ☐ Other: _____

Contacts & Cell Numbers in Case of Emergency

Call 1st - Name/Relation/Phone: _____

Call 2nd - Name/Relation/Phone: _____

Caregiver's Full Name: _____

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

Caregiver Address: _____

Send Respite Invoices to:

Name: _____

Address: _____

Email (billing purposes): _____

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

PROFILE OF RESPITE PARTICIPANT

Name: _____ Birthday: _____

Previous/Favorite Occupation:

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

Favorite Place: _____

Favorite pastimes:

Nametag One Word Description: (Mother, Golfer, Birdwatcher, Teacher, Pilot, etc.) _____

Are there any things that you know will cause discomfort or distress:

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

Any food allergies we should be aware of:

_____

POLICIES AND PROCEDURE MANUAL

Governing Body
The Apollo: Respite for All a ministry and program offered by St Thomas Episcopal Church, in partnership with the Respite for All Foundation. www.sttaec.org , www.respiteforall.org

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. It provides their caregiver with emotional support through a caregiver support group, information regarding available resources, and 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, worship 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. It also provides information regarding available community resources, nursing home options, Alzheimer information, etc.

Hours, Days of Operation, Location
The Apollo: Respite for All program operates on Tuesdays from 10-2 pm. 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 Respite Ministry in conversation with the Rector of St. Thomas Episcopal Church.

Payment/Rates/Attendance
There is a daily fee of $25.00 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. Scholarships are available as we do not want to cause a financial hardship for families. Please speak to the director if you would like to take advantage of these resources. There is no charge for days not attended; communication to the director, however, is vital to weekly planning.

Staffing
A director will staff the program. Trained volunteers provide additional staffing and leadership throughout the day. The ratio of volunteers to participants depends upon individuals need but will be no less than 1 volunteer per two participants. Each program day will be considered "full" when it numbers 17 friends with dementia.

Communication
It is of great importance that lines of communication between caregiver and the program 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 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. Program staff 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 on the staff is a medical professional. If a participant shows signs of illness or infectious disease, the 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 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. 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, and will be expected to assist their client in participating in the activities as scheduled.

ENROLLMENT CONTRACT

I, _____agree to the following regarding the enrollment process for the Apollo: Respite For All ministry:

1. The Director has explained the admission and enrollment conditions so that I,_____ understand them.
2. I agree to inform the Respite Ministry staff of any changes pertaining to the participant, including health, mental, and physical status.
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 member or loved one out of the Respite Ministry if he or she has fever, the flu, or other contagious illness.
5. I agree to participate in requested family meetings when requested by the Respite Ministry staff.
6. I agree to notify the Respite Ministry staff 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 to St Thomas the Apostle Episcopal Church. Please note in the memo line, Apollo: Respite for All ministry.

_____
Participant's Name

_____
Caregiver's Signature

_____
Date

RELEASE OF LIABILITY

In consideration of _____ (hereinafter "Participant") being allowed to participate in the programs, services, activities, and facilities of the Apollo: Respite for All ministry at St. Thomas Episcopal Church, Nassau Bay, TX (hereinafter "Respite"), I, _____, as personal representative, legal guardian, next of kin, care giver, or as holding power of attorney for Participant, on behalf of Participant, his or her heirs and assigns and for myself and my heirs and assigns, do hereby unconditionally remise, release, and forever discharge and covenant not to sue Apollo: Respite for All and/or St Thomas Episcopal Church Nassau Bay TX (hereinafter "STTAEC") or any of their officers, agents, employees, and volunteers including its legal counsel and/or other participants (collectively, the "Releasees") from any and all actions, causes of actions, suits, debts, charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages of all and any kind, of any nature whatsoever, in law or in equity, whether for death, personal injury, property damage or otherwise, (collectively, the "Claims"), arising or resulting from or in any way relating to my or Participant's participation in the programs, services, activities, and facilities of Apollo: Respite for All at STTAEC, which I or the Participant or our heirs and assigns have, may have had, may hereafter have, or may be entitled to assert against each or any of the Releasees regardless of whether I or Participant knows, should have known or had reason to know of the Claims on the date hereof.

I, for myself and on behalf of Participant, our heirs and assigns, further agree to indemnify and hold harmless the Releasees from any and all Claims, or liability of any kind arising from our participation as aforesaid.

Dated: _____

Signed: _____
Participant

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

CONSENT FOR EMERGENCY MEDICAL CARE

As a participant in the Apollo: Respite for All ministry at St. Thomas the Apostle Episcopal Church, Nassau Bay, TX, I hereby give permission to staff (paid 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 said staff 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, staff 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 any of the staff (paid or volunteer) of Apollo: Respite for all or St Thomas the Apostle Episcopal Church, Nassau Bay, TX responsible for any injury, which occurs to the named participant during the course of the program. I acknowledge that Apollo: Respite for All and St Thomas the Apostle Episcopal Church, Nassau Bay, TX 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.

Name of Legal Guardian_____ Date:_____

Signature_____ Date:_____

Participant's Physician Name and Phone: _____

Hospital of Choice:

- ☐ Houston Methodist Clear Lake Hospital
- ☐ UTMB Health Clear Lake Campus Hospital
- ☐ Other: _____
- ☐ HCA Houston Healthcare Clear Lake
- ☐ UTMB Health League City Campus Hospital