



Ministry Module

Ministry Modules are intended for use with the Leader's Guide. Appendices and Resources referenced in modules can be found within the Guide.

Care Team



This Mission Module is provided through a Partnership with The Care Communities, a registered DBA of The Interfaith Care Alliance, of Austin, TX and Caregiving Ministries, a division of FamilyCare America, Inc.





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Purpose

The mission of the Care Team Ministry is to reflect God's love by providing practical and compassionate care support to persons living with cancer, AIDS or another fatal illness. Team provided care sustains everyday living, offers strength, hope and comfort from a power higher than the care recipient's own.

Goals.

- To provide a community of loving care to the seriously ill.
- To offer practical and compassionate everyday care through a shared team effort.
- To create an open, unconditional loving environment of care.

Objectives

- To provide practical caring resources such as grocery shopping and transportation.
- To work as a team to create community and share caring responsibilities.
- To foster the impact of faith and community upon health.

Parameters and Limitations

This ministry **does not**:

- perform any procedure that requires a physician's order (i.e., administering medications, performing "hands-on" or invasive procedures).
- Provide any nurse provided medical services (i.e. grooming, bathing).

This ministry **does**:

- Cooking and meal sharing.
- Errands, outings and shopping.
- Light cleaning, pet care, yard work and laundry.
- Transportation (limited).
- Child supportive services
- Companionship



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Suggested Process for this Ministry:

The Care Team Ministry may be developed in conjunction with any participating hospice programs. Teams of four– six seem to be the most effective size groups.

1. Educate the church as to what the Care Team ministry is and how it can benefit the health of church members of all ages.
2. Inform the congregation what can and cannot be expected from the Care Team Ministry.
3. Survey the church for people who are willing and able to work in this ministry (see Appendix A).
4. If the church is small, determine if other churches in the community are interested in combining to form a Care Team ministry.
5. Provide training to volunteers, informing them of the process of this ministry.
6. Survey homebound members for health concerns and needs (see Wellness Assessment at the end of this section).
7. Implement the program by a coordinator.
8. Solicit outside resources for health education.
9. Schedule regular meetings for volunteers to increase knowledge of health issues through in-service training and to discuss and work out problems with the Care Team Ministry
10. Provide respite to volunteers following transition of end of care.
11. Periodically evaluate the ministry. (See Evaluation Tool, p. 19, Administrative Guide.)



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RESOURCES

- Community health professionals
- Church members who are health professionals
- Mental health programs
- Local hospital: their teaching program and library
- Free medical clinic and their teaching capabilities
- Home health care
- Department for Social Services
- Hospice
- Alcoholics Anonymous
- Health Department
- Area Agency on Aging
- Recreation Department
- Community library
- Church staff
- List of pharmaceutical companies offering free medicine (each company has its own rules but for most, the physician must initiate the application process and there is an income limit for the patient). Call 1-888-477-2669 for patient assistance information.
- List of nursing homes



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CARE TEAM DESCRIPTION

- Care teams consist of 4-6 volunteers from local faith communities, corporations, other small and large businesses interested individuals. They are matched with an individual needing non-medical care and support.
- Work load is shared, which allows the volunteers to choose what he or she may prefer doing for the Care Partner.
- Respects privacy and confidentiality.
- Provides encouragement, phone calls, visits, cards.
- Remembers birthdays and special occasions.
- Assists in supporting with daily activities such as light house keeping, child supportive services, shopping, etc.
- Identifies additional needs and reports these to the coordinator and meets with team to determine commitments.
- Meets with supervisor on an as-needed basis and quarterly.

Skills Required:

- Attend training session
- Commit to give four hours of time per month.
- Report all volunteer hours spent with the care partner, including travel and ALL communication with the Care Team or coordinator.
- Safe driving record and/or transportation to visit and/or transport care partner
- Attendance at orientation and supplemental training sessions

Time Required:

- Four hours per month spent with care partner.
- Attend two-three hour orientation/ training session
- Attend quarterly training and evaluation session



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Length of Service:

- One year; may be extended

Training Provided:

- Orientation that includes: Confidentiality and Communication, Care Team Basics, psychosocial and other aspects of AIDS, cancer, other disease training.

Benefits:

- Personal fulfillment; assisting those in need of unconditional care; returning gifts to God; fellowship

What Is A Care Partner?

A care partner is a person living with a serious illness, such as cancer or AIDS who has asked for assistance with day to day care. Most care partners are unable to work.

Who Qualifies for Services?

The church organization can adapt parameters to suit their organization. The Care Communities use the following qualifications:

- Someone with cancer and/or
 - Stages 2-4
 - Stage 1, with additional medical conditions
- Someone with AIDS with a T-cell count of
 - 250 or below for men
 - 350 or below for women
 - 350 or above, with additional medical conditions
- Must be in need of services relating to home care, yard work, pet care, transportation and/or companionship support.
- Must provide medical documentation.

What is the Process for Becoming a Care Partner?

- An official request of services by phone or email
- A Care Team Coordinator will schedule an appointment to assess needs and determine eligibility
- If eligible, individual is matched with a Care Team

How Soon Can One Receive Services?

- As soon as a Care Team is available

How Much Does It Cost?

- Services are provided at no cost to Care Partner





Care Partner Assessment

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Basic Information

Name:

Phone:

Address:

Directions To Home:

I request services from a Care Team.

Date:

-
1. Age: 0-21 22-39 40-59 60-79 80 or above
 2. Male Female
 3. Single Married Divorced Widowed
 4. Special Diet? If Yes, Describe.
 5. Special treatment such as rehabilitation: Yes No
 6. Special medical or nursing care: Yes No
 7. Regular exercise: Yes No
 8. Health insurance: Yes No Medicare Medicaid Other



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Health Status

Please check if you have had any of the following conditions. Place "C" by any current condition and "P" by any past conditions.

Heart Disease	Diabetes	Lung Disease
Blood Pressure	Cancer	Mental Illness
Arthritis	Depression	Physical Disability
AIDS	Other _____	

Support Groups

Support groups will be developed to meet the interest of the greatest number of people. Please indicate if you would participate in any of the following:

Loneliness	Loss and Grief	Weight Control
Living with Chronic Illness/Disease	Substance Abuse	Living Alone

Support System, Resources, and Special Needs

1. What family, church member, or neighbor do you most depend on to help you?

Name	Phone
Address	
Name	Phone
Address	
Do you see them daily or often?	Yes No
Are they able to care for your most pressing needs?	Yes No





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1. What additional care help do you need on a daily basis?

2. Do you have a primary physician? Yes No

Name Phone

3. Are you currently using any of the following services?

- | | |
|--|--|
| <input type="checkbox"/> Chore/Companion/Homemaker | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Respite/ Adult Day Services |

If yes, please list the name of the provider _____

4. Where you usually live, are there any problems? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Barriers to entering or exiting the home | <input type="checkbox"/> Electrical hazards |
| <input type="checkbox"/> Fire hazards/No smoke alarm | <input type="checkbox"/> Unsafe or poor lighting |
| <input type="checkbox"/> Insufficient heating/air conditioning | <input type="checkbox"/> No hot water or water |
| <input type="checkbox"/> Lack of or poor toilet facilities | <input type="checkbox"/> Structural problems |
| <input type="checkbox"/> Lack of or poor bathing facilities | <input type="checkbox"/> Telephone not accessible |
| <input type="checkbox"/> Unsanitary conditions | <input type="checkbox"/> Unsafe neighborhood |
| <input type="checkbox"/> Clutter, throw rugs, or other hazards for falling | <input type="checkbox"/> Other |



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5. Do you get lost in your neighborhood?

6. Do you have problems with the following?

Bathing	Yes___No___	Walking	Yes___No___
Stair Climbing	Yes___ No___	Propelling Wheelchair	Yes___ No
Bowel or Bladder Incontinence	Yes___ No ___	Dressing	Yes___No___
Toileting	Yes___No___	Transferring	Yes___ No___
Eating	Yes___No___		

7. Do you need referrals to community agencies such as Social Services or an appropriate health agency? Yes___ No___

8. Do you need other help from the community or your church? Yes___ No___ If yes, what kind?

9. What is your major health concern?

10. What is your most pressing current need requiring assistance?

11. Do you feel your church is of help in your daily life and activities? Yes___ No

Do you have suggestions of how we can be of assistance?

12. Do you have plans for entering a retirement or nursing home? Yes___ No

13. What fears do you face in approaching these concerns?



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Care Team Coordinator

VOLUNTEER POSITION DESCRIPTION

(Sample from Virginia Parish Nurse Education Program; different for various volunteers)

- A person who serves in the healing ministry of the church.
- Completes the administrative requirements for maintaining Care Teams.
- Assesses new requests for services to determine need and eligibility.
- Recruits and trains volunteers, or oversees training if performed by another individual.
- Maintains records of volunteer time sheets.
- Address and assists in resolution of any conflict or problems on Care Teams or between Care Team and Care Partner as problems arise.
- Every month calls Care Partners to assess ministry.
- Respects privacy and confidentiality.
- Provides encouragement, phone calls, visits, cards.
- Remembers birthdays and special occasions.
- Identifies needs and reports these to the Care Team.



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SAMPLE VOLUNTEER TIME SHEETS

NAME:

TEAM NAME:

CARE PARTNER:

TOTAL NUMBER OF MONLTHY HOURS:

DATE:

COMMENTS/ SUGGESTIONS: