

HOLOCAUST COMMUNITY SERVICES

WELLBEING CHECK-IN FORM

Client Name: _____

Last Assessment Date: _____

Date: _____

Birth Date: _____

Phone Number: _____

Staff Name: _____

In-person Phone Skype/Uniper

WELLBEING GREETING

How is the client doing overall? _____

Health-related/functional changes? _____

Finance/benefits-related changes? _____

Family support – Financial:

Ongoing

Occasional

None

Functional: Ongoing

Occasional

None

Emotional: Ongoing

Occasional

None

Lives with family

No family at all

ADMIN/EVENTS FOLLOW UP

Inquire on P-card and M-card usage? _____

RSVP/reminder for socialization programs? _____

Check status of referrals & services (classes, EFA, reparations, etc.) _____

FOR CLIENTS ON HOMECARE

Caregiver Name(s): _____

Caregiver Phone Number(s): _____

Preferred/family Caregiver?

Yes No

If yes, specify relationship _____

Was Caregiver present during the check-in? Yes No

HCS Caregiver

CCP Caregiver

Is Client satisfied with caregiver? (If no, indicate why) _____

Additional Notes:

If further action is needed in this check-in process, please write a brief recommendation:

Procedures

Step 1: Select Clients to call for Wellbeing Check

- Admin team identifies and highlights clients who were reassessed 6 – 9 months ago; these clients will be highlighted in CMs' monthly reassessment reports
- CMs select clients with whom there is no regular contact; of those clients, CMs prioritize clients who receive homecare

Step 2 CM calls the Client and completes the form as appropriate; *if possible, call when a caregiver is expected to be present*

Step 3 CM brings the form to supervision for review and to determine any next steps

Step 4 Supervisor returns the form to Critical Supports Coordinator

Step 5 Critical Supports Coordinator scans the form into Vision and enters data into the Wellbeing Check Tracking spreadsheet