GUIDELINES FOR SUPPORTIVE SERVICES

In order to be eligible, one must:

1. Be an elder age sixty years of age and older;
2. Live within the service area of the Kiowa Tribe Senior Nutrition Program;
3. Not have received supportive services within the past six months;

Types of supportive services:

1. Chore service: Removal of debris/tree limbs or other items from yard; minor home repair (plumbing/septic problems, repairs needed which impair or endanger the safety of elder in home); other related work (must have approval); or, other services (with approval from AOA Staff) deemed necessary for the wellbeing of the elder participant.
2. Homemaker service

Payment for supportive services (chore or homemaker)

1. Elder participant has the option of making payment for services rendered and receive reimbursement from AOA Program; or
2. Have individual performing service agree to wait for payment from AOA Program when all paperwork has been received and processed. This usually takes 5 to 10 days for payment to be processed.

ALL SUPPORTIVE SERVICES MUST HAVE PRIOR APPROVAL FROM AOA
PROGRAM DIRECTOR!!!
Kiowa Tribe of Oklahoma
Caregiver Support Program

Caregivers Intake

Caregivers Information

Name: ___________________________ Relation: ___________________________

Address: ___________________________ City/State/Zip: ___________________________

Social Security Number: ___________________________ Date of Birth: ___________________________

Telephone Number: ___________________________ Message Number: ___________________________

Services requesting:

Describe your need for caregivers services:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Care Recipient Data

Name: ___________________________ County of residence: ___________________________

Address: ___________________________ City/Zip: ___________________________

Social Security Number: ___________________________ Date of Birth: ___________________________

Client Assessment

Requires assistance with Activities of Daily Living: (check all that apply)
Eating____; Dressing____; Bathing____; Transferring____; Toileting____; Other (list) __________

Requires assistance with Instrumental ADL: (check all that apply)
Preparing meals____; Doing housework____; Doing laundry____; Taking prescribed medications____; Distance walking____; Doing shopping____; Manage money____; Using telephone____; Other (list) __________

Requires supervision due to Alzheimers or other dementia __________

(Circle all that apply)
Chronic conditions leading to disability: Heart disease; Stroke; Diabetes; Pulmonary Disease. Affecting functioning ability: Arthritis; Osteoporosis; Vision loss; Hearing loss; Orthopedic impairment; Hypertension.
CAREGIVER RESPONSIBILITIES

- To participate in a one-hour caregiver training session and one introductory caregiver support group session per funding period.

- To choose a Respite Worker.
  Caregivers may choose a family member, neighbor, friend, child care center, private agency staff, or call the Native American Caregiver Support Program for assistance.
  Respite workers must be age 18 or older.
  (Caregivers may not choose a worker who lives with the caregiver or the elder)

- To train your worker.
  Should your elder require special assistance, it is your responsibility to inform your worker and provide training if necessary. If you would like your worker to participate in our caregiver training sessions, please feel free to call and set up an appointment.

- To schedule work hours.
  The time and dates of work hours is between you and your worker. Your worker has 12 weeks to provide the 80 hours of respite service.

- To ensure your worker fully understands his or her duties and the time and hours to work.

- To approve and sign your worker’s invoice.

- Caregivers will be responsible for all costs above the maximum amount authorized.
  The Kiowa Tribe, Caregiver Support Program will not be responsible for those invoiced hours, which exceed the amount authorized. Any amount over $400.00 is the Caregiver’s responsibility.

- To hire a different Respite Worker, you must put your request in writing.
  In the event, you may need to change your respite worker, please request this in writing with a brief reason for this change. We will then send you another Contract Agreement and W-9 Form along with Invoice forms for your new worker. The new worker will work the remaining amount of hours left from your original contract.

- Caregivers using respite funds are subject to random audits to ensure that funds are used for respite and no other purposes.

I have read and understand the above Caregiver Responsibilities.

Name: ____________________________ Date: ___________
RESPIE WORKER RESPONSIBILITIES

- To provide respite service to the Family Caregiver.
The time and dates of work should be agreed upon before signing contract. Should you be unable to fulfill this responsibility, please inform the family caregiver, as soon as possible.

The scope of work is also something agreed upon by you and your family caregiver. Please be sure you understand and agree with what work you are asked to do before signing the Contract Agreement.

- To participate in any trainings or informational sessions that may be helpful to your service to your family caregiver.
Your family caregiver may ask you to participate in one of your programs' training sessions or one another agency may have. We encourage your participation.

- To discuss with your family caregiver any problems or concerns.
Please report to your family caregiver any problems or concerns which may arise during your service. Your family caregiver is your supervisor. Areas of concern, which cannot otherwise be resolved, may be submitted in writing to this office for further action.

- To provide a complete and accurate Respite Service Invoice.
Please ensure your invoice is completely filled out, including your name and the address to mail your check to. If you would like to pick up your check in person, put “Hold check for pick up by: _______” instead of your address in the right hand corner of the invoice.

Please give at least two weeks to receive your first check.

- To complete and submit the attached I.R.S W-9 Form.
According to federal IRS standards, the respite worker is considered an independent contractor and if paid over $600 in a year, they will receive a form 1099 at tax time.

I have read and understand the Respite Worker's Responsibilities.

Name: ___________________________ Date: ______________________
Kiowa Tribe of Oklahoma
Caregiver Support Program
P.O. Box 369 Carnegie, Oklahoma 73015
Phone 580.654.2300 Fax 580.654.2188

Supportive Services Form

Date__________________________ Date of Birth__________________________

Participant Name:__________________________ Address:__________________________

County of Residence:__________________________ Phone:__________________________

Directions to home (if rural)____________________________________________________

American Indian? Yes/No If yes, what tribe?______________________________________

List any health problems/concerns that you may have:______________________________

__________________________________________________________

Requires assistance with Activities of Daily living: (check all that apply) Eating____; Dressing____; Bathing____; Transferring____; Toileting____; Other__________

Requires assistance with Instrumental ADL: (Check all that apply) Preparing meals____; Doing housework____; Doing Laundry____; Taking med’s____; Distance walking____; Doing shopping____; Manage money____; Using telephone____; Other__________

Supportive Services: (check all that apply) Transportation____; Shopping____; Visiting____; Mail Interpretation____; Other__________________________

Chore Services: (check all that apply)
Mowing lawn______; Light outside Cleaning______; House Cleaning______; Meal preparation______; Other:______________________________

Emergency Contact:
Name:__________________________ Phone:__________________________ Relation:__________________________

Name:__________________________ Phone:__________________________ Relation:__________________________

Serving Native American elderly in southwest Oklahoma through Senior Nutrition and Caregiver Support Programs of the Older Americans Act