

Eligibility Criteria for Admission to Capital City Volunteers' Outreach and Direct Volunteer Services

Outreach Worker Services	Direct Volunteer Services
<p>The applicant must:</p> <ol style="list-style-type: none"> 1. be 65 years or older 2. be a resident of the Municipality of Victoria 3. be seen to be at risk of isolation 4. be an active and cooperative participant in the delivery of service without assistance from others 5. have the ability to consistently communicate respectfully and appropriately 6. have the ability to understand and follow the agency's policies 7. have an annual income less than \$35,000 for an individual or less than \$45,000 for a couple, or have medical expenses that place them in this income range** 8. agree to a home visit for assessment and eligibility 9. be living in their own home* 10. have a level of need that is within the scope of CCV's mandate 11. Sign consents and a relationship agreement with CCV 	<p>The applicant must:</p> <ol style="list-style-type: none"> 1. be 65 years or older 2. be a resident of the Municipality of Victoria 3. be seen to be at risk of isolation 4. be an active and cooperative participant in the delivery of service without assistance from others 5. have the ability to consistently communicate respectfully and appropriately 6. have the ability to understand and follow the agency's policies 7. have an annual income less than \$35,000 for an individual or less than \$45,000 for a couple, or have medical expenses that place them in this income range** 8. agree to a home visit for assessment and eligibility 9. be living in their own home* 10. not have any physical or mental health condition that would put the volunteer in an unsafe environment 11. ensure the home environment poses no potential safety hazards for volunteers 12. Sign consents and a relationship agreement with CCV

*CCV programs support seniors 65 and older, to live independently in their own homes where no social support staff are in the building. People living in supportive housing, assisted living, independent living housing or long-term care are **not** eligible for service. CCV Outreach and Direct Volunteer Services restrict their service to seniors who have low income.

**Outreach workers may make an exception to this requirement according to unique participant situations, at the outreach worker's discretion and only with the agreement of another JBCP/CCV Outreach Worker. If this agreement cannot be obtained, the final decision regarding an exception is made by the Executive Director.

OUTREACH SERVICES | REFERRAL FORM

Date: _____

Individual has given consent to be referred to these services:

YES NO

PLEASE NOTE: THIS REFERRAL CANNOT BE PROCESSED WITHOUT CONSENT.

Name: _____ Date of birth: _____

Address: _____ Postal code: _____

Individual's yearly income: _____ Telephone: _____

Email: _____

Language(s) spoken: _____ Mobility aid(s): _____

Pets in the Home: YES NO Smoking in the Home: YES NO

Lives independently in own home (rented or owned): YES NO

PLEASE NOTE: Individuals are not eligible for Outreach services if they live in assisted or supported living.

Is the individual connected to other supports in the community? eg. VIHA, Mustard Seed, SAFER etc.

Do you have any health conditions that impact your ability to live independently? eg. arthritis, heart conditions, recent falls, etc.

Mental health status/supports: eg. experiencing depression, isolation, seeing health professional for support, etc.

Form Cont'd on Reverse →



Better at Home is funded by the Government of British Columbia.

Please describe individual's cognitive ability to do the following:

Communicate effectively:

Cooperate with staff, volunteers, and service providers:

Consistently remember and follow simple written procedures for a program or service (eg. giving minimum one weeks' notice for a drive request):

Please check the services requested: (participant assessment required for all services)

- Outreach Services
- Volunteer Matching *
- Better at Home Light Housekeeping
- Volunteer Drive Program *

**Indicates services delivered by volunteers*

Please complete if you are referring on behalf of someone else:

Your Name: _____

Telephone: _____ Email: _____

Name of Organization/Position/Role: _____

Fax: (250) 388-7856 or email: askus@jbcp.bc.ca *This is a confidential document.*