



United Way helping seniors remain independent.



Capital City Volunteers
connecting generations / enhancing independence

Eligibility Criteria for Admission to Capital City Volunteers and the James Bay Community Project

Program Criteria

The applicant must:

- Be 65 years or older
- Be a resident of the city of Victoria
- Have an income of less than \$40,000 for an individual or less than \$55,000 for a couple
- Be living independently in their own home/apartment/suite *
- Be seen to be at risk of isolation
- Be an active & cooperative participant in the delivery of service without assistance from others
- Have the ability to consistently communicate respectfully and appropriately
- Have the ability to understand & follow the agency's policies
- Agree to a home visit for assessment
- Have a level of need that is within the scope of the agency's mandate
- Sign a consent & relationship agreement document

Criteria for services administered by agency volunteers

The applicant must meet the above criteria as well as:

- Not have any physical or mental health condition that puts the volunteer in an unsafe environment
- Ensure the home environment poses no potential safety hazards to volunteers

* CCV & JBCP support seniors who are living 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.

Referral Form Continued on Next Page --->

Outreach Services | Referral Form

Date:

*This referral cannot be processed without consent.

Individual has given consent? Yes No **Name:** _____ **Date of Birth:** _____**Address:** _____ **Postal code:** _____**Total Yearly Income:** _____ **GIS?** Yes No **Phone:** _____**Email:** _____**Languages Spoken:** _____**Mobility Aid?** _____

Ethnic Origin: Anglo-Canadian Caribbean East Asian/Southeast Asian Oceania
 European French-Canadian White Black N. American Indigenous
 Latin, Central or S. American Other Prefer not to Disclose

Demographic stats are collected in order to ensure equitable & inclusive programming*Pets in Home?** Yes No **Smoking in Home?** Yes No **Lives Independently in own home/apartment/suite?** Yes No

Other community connections: Island Health Home Support (VIHA)
 Mustard Seed SAFER Veterans Affairs HandyDart

Health Conditions that impact ability to live independently:

Mental Health Status/supports: eg. Depression, isolation:

Communicate Effectively with service providers/staff/volunteers? Yes No **Cooperate with service providers/staff/volunteers?** Yes No **Consistently remember & follow simple written procedures for a program or service?** Eg. Keeping track of housekeeping schedule Yes No **Notes:** _____**Services Requested:**

- Light Housekeeping
- Volunteer Matching
- Volunteer Drive Program

Complete if you are referring on behalf of someone else:

Your name: _____

Phone number: _____

Email: _____

Name of organization/role/position: _____

When were you last in the home of the person you are referring? _____

Please note: An outreach worker will attempt to contact the referred person a total of 3 times before closing the referral. In the event that they cannot be reached we will inform you via the contact info above.