



In-Home Assignment Letter of Agreement



The UServeUtah Senior Companion Program has been asked by: _____
(Volunteer Station)

to place _____ in the home of: _____
(Name of AmeriCorps Seniors volunteer) (Name of client)

(Street Address) (City) (Zip Code)

Date of Birth: ____/____/____ Phone Number: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Check what apply:	Living Situation:	Ambulation:	Smoker:
Veteran	Alone	Cane	Yes
Spouse of a Veteran	Spouse	Walker	No
Active Duty	Child	Wheelchair	
Reserve	Relative	Bedridden	
None	Other: _____		

OFFICE USE: First Companion/Client Visit Date:

Service Schedule

Sun: _____ Mon: _____ Tues: _____
Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Primary Need:		
Caregiver respite	Hearing Impaired	Terminal Illness
Alzheimer's/Dementia	Visually Impaired	Mobility Impairment
Chronic Care Disabilities/Frail Elderly	Short Term Disability	Socially Isolated
Developmental Disability	Substance Abuse	Emotional Disability

Service Activities: *The volunteer may not be paid for their services. They may not do custodial work or work normally performed by a paid worker.*

The following services are approved and will be performed by the AmeriCorps Seniors volunteer

Volunteer services may be terminated by the sponsor upon request of the person served or legally responsible person. AmeriCorps Seniors reserves the right to terminate services at any time if the client refuses to get paid care that is deemed necessary for the health and wellbeing beyond what a Senior Companion volunteer can provide.

Signed: _____ Date _____

 Person Served or Legally Responsible Person Date

_____ Date _____
 Station Representative Date

_____ Date _____
 UServeUtah Representative Date