

Eligibility Criteria for Admission to James Bay Community Project’s 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 Community of James Bay 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. agree to a home visit for assessment and eligibility 8. be living in their own home* 9. have a level of need that is within the scope of JBCP’s mandate 10. Sign consents and a relationship agreement with JBCP 	<p>The applicant must:</p> <ol style="list-style-type: none"> 1. be 65 years or older 2. be a resident of the community of James Bay 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. agree to a home visit for assessment and eligibility 8. be living in their own home* 9. 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** 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 JBCP

* NOT supportive housing, assisted living, independent living housing or long-term care

**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
THIS REFERRAL CANNOT BE PROCESSED WITHOUT CONSENT.

The following demographic stats are collected for the purpose of informing the design of equitable and inclusive programming and to ensure that our organization is serving our diverse community.

Name: _____ Date of birth: _____

Address: _____ Postal code: _____

Person's yearly income: _____ Telephone: _____

Email: _____

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

Ethnic Origin:

- | | | |
|--|---|---|
| <input type="radio"/> African | <input type="radio"/> French-Canadian | <input type="radio"/> South Asian |
| <input type="radio"/> Anglo-Canadian | <input type="radio"/> Latin, Central, or South American | <input type="radio"/> West Asian/Middle Eastern |
| <input type="radio"/> Caribbean | <input type="radio"/> North American Indigenous | <input type="radio"/> Other: _____ |
| <input type="radio"/> East Asian/Southeast Asian | <input type="radio"/> Oceania | <input type="radio"/> Prefer not to disclose |
| <input type="radio"/> European | | |

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

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

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

Does the person have any health conditions that impact their ability to live independently? eg. arthritis, heart conditions, recent falls, etc.

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

Form Cont'd on Reverse →



Describe the person'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):

Check the services being requested: (participant assessment required for all services)

- Information and Referral
- Volunteer Matching *
- Better at Home Light Housekeeping
- Volunteer Drive Program *

**Indicates services delivered by volunteers*

Complete if you are referring on behalf of someone else:

Your Name: _____

Telephone: _____ Email: _____

Name of Organization/Position/Role: _____

PLEASE NOTE: An outreach worker will attempt to contact the referred person via all listed contact methods a total of three times before closing the referral. In the event that they cannot be reached the outreach worker will inform you via the contact information listed above.

TO SUBMIT:

Fax (250) 388-7856

Email askus@jbcp.bc.ca

This is a confidential document.