

Admission Criteria

To be considered for the Friends at the Lake program, an individual must be able to:

- Ambulate on his or her own (assistive devices such as walkers or canes are acceptable)
- Eat without assistance
- Handle his or her own bathroom needs (adult absorptive briefs such as Depends are welcomed)
- Interact and engage with others (with encouragement and prompting) in a group setting

Days and Hours of Operation

Friends at the Lake Respite Ministry will be open on Tuesdays from 10 a.m. – 2 p.m.

The program will be closed on all legal holidays (i.e., New Year's, Martin Luther King Day, Labor Day, Veteran's Day, etc.).

We may close for 4th of July week and will always close for 2 weeks during Christmas holidays.

You will be given advanced notice when upcoming days off are scheduled.

Payment Policy

There is a daily fee of \$40 per day (**\$45/day starting Jan 1, 2026**) for participation in the program which is paid monthly. Scholarships are available for qualifying participants. Statements are issued via email at the end of the month. Payment is expected by the 10th of each month to ensure uninterrupted participation in the program.

Illness and Injury Policy

If a participant shows signs of illness or infectious disease while at Friends at the Lake Respite Program, the program director will contact the participant's caregiver, advising that the participant needs to be picked up. Please keep the participant home if temperature is above normal or if he/she has had fever in the last 24 hours.

Sickness and accidents resulting in physical injury or suspected physical injury will be reported to the program director who will arrange for appropriate medical attention. The caregiver of the participant will be immediately notified or emergency actions will be taken. If it is deemed necessary, transportation to the hospital will be obtained by calling 911.

Friends at the Lake

ENROLLMENT CONTRACT

I, _____ agree to the following regarding the enrollment process for the Respite Ministry:

1. The Director has explained the admission and enrollment conditions so that I, _____ understand them.
2. I agree to inform the Respite Ministry staff of any changes pertaining to the participant, including health, mental, and physical status.
3. I agree to arrange or be available for prompt pick-up if my family member or loved one should become ill or disruptive.
4. I agree to keep my family member or loved one out of the Respite Ministry if he or she has fever, the flu, or other contagious illness.
5. I agree to participate in requested family meetings when requested by the Respite Ministry staff.
6. I agree to notify the Respite Ministry staff if my family member or loved one will be absent from the program.
7. I agree billing procedures will involve statements being sent to the Caregivers at the end of each month. Payment is due within 10 days of receipt of the bill. Checks should be made to First Methodist. Please note in the memo line, "respite ministry for..." .

Participant's Name

Caregiver's Signature

Date

Friends at the Lake
Lake Street United Methodist Church
337 Lake St., Eau Claire, WI

NEW PARTICIPANT INFORMATION SHEET

Participant's Full Name: _____

Participant's Date of Birth: _____

Participant's Address: _____

Participant Lives With: _____

Participant's Physician: _____ Physician Phone: _____

Hospital of Choice: [list local hospitals to circle, or add blank] _____

Contacts & Cell Numbers in Case of Emergency

Call 1st - Name/Relation/Phone: _____

Call 2nd - Name/Relation/Phone: _____

Call 3rd - Name/Relation/Phone: _____

Caregiver's Full Name: _____

Caregiver's Relationship to Participant: Spouse Child Other: _____

Caregiver Address: _____

Send Respite Invoices to:

Name: _____

Address: _____

Email (billing purposes only): _____

PROFILE OF RESPITE PARTICIPANT

Name: _____ Birthday: _____

Previous/Favorite Occupation: _____

Briefly describe his/her family so we may be able to ask about them (parents, siblings, spouse, or children):

Favorite Place: _____

Favorite pastimes: _____

List anything special you would like the volunteer team to know about your person:

Friends at the Lake

CONSENT FOR EMERGENCY MEDICAL CARE

As a participant in the Respite Program of Lake Street UMC, I hereby give permission to staff (paid and volunteers) to provide direct emergency care for minor emergencies or to access 911 emergency medical services as deemed necessary. I hereby give my full and unconditional approval for said staff to secure emergency medical care.

Any resultant bill will be the responsibility of the participant and/or caregiver/guardian. Said individual(s) will be responsible for filing and all medical insurance claims.

In the event a medical situation is not an emergency, staff may request that a doctor see the participant. It is understood that the participant cannot return to the program without a report concerning the incident.

I will not hold any of the staff (paid or volunteer) of Lake Street UMC responsible for any injury, which occurs to the named participant during the course of the program. I acknowledge that Lake Street UMC cannot and does not assume responsibility for the undesirable incidents or injuries should the participant leave the program site without permission.

Every reasonable effort will be made to ensure the safety of the participant.

Name of Legal Guardian _____ Date: _____

Signature _____ Date: _____

Participant's Physician Name and Phone: _____

Hospital of Choice: _____

Lake Street United Methodist Church Respite Program

Medical Information Form

Caregiver's Name and Phone Numbers _____

Applicant's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Caregiver's Email Address _____

BILLING ADDRESS? Where does the bill go and to who? _____

The above named person has applied for enrollment or is currently enrolled at the Lake Street United Methodist Church Respite Program. Your careful examination and written recommendation on this form will help to ensure that the applicant is provided appropriate care and services, encourage safe participation in program activities, and provide a current medical history in the event of an emergency. The applicant's caregiver/family member has signed a release form and is available from the Respite Program upon request. Any information reported on this form is considered confidential and will be released only with the caregiver's/applicant's written permission.

Please indicate if the applicant has any of the following diseases or conditions, and if special attention or restrictions to normal activities apply.

Current Disease/ Chronic Condition	Yes	Special Attention Required	Restriction on Activities
Alzheimer's/Related Dementia			
Anemia			
Arthritis			
Asthma			
Cerebral Palsy			
Diabetes			
Effects of Stroke/Paralysis			
Emphysema/Bronchitis			
Epilepsy/Seizures/ Fainting Spells			

Gastro-Intestinal Problems			
Heart Trouble			
High Blood Pressure			
Kidney/Urinary Tract Problems			
Mental Retardation			
Tuberculosis			
Skin Disorders			

Any other diseases or conditions not previously mentioned: _____

Any allergies or reactions to medication: _____

Receiving any medical treatment? ☐ YES ☐ NO If so, please explain:

Any known psychiatric problems? ☐ YES ☐ NO If yes, please comment on nature, severity, and treatment required:

Are there any restrictions for medical reasons on physical activities such as walking, exercises, etc.? ☐ YES ☐ NO If so, please explain:

Please list all medications that the applicant is currently taking, with dosages and times to be taken:

Medication	Dosage	Time

Special diet required? ☐ YES ☐ NO If yes, please explain: _____

Date of last tuberculin skin test: _____ Result: ☐ Positive ☐ Negative

Additional Comments: _____

Insurance Information:

Name of Insurance: _____

Group Number: _____

Policy Number: _____

Name of Doctor and Preferred Hospital: _____

Source: Adapted from St. Luke's UMC Respite Program Respite Ministry

Friends at the Lake

LIABILITY RELEASE FORM TO PARTICIPATE IN RESPITE ACTIVITIES AND TRIPS

Release of All Claims

In consideration for being accepted by Lake Street United Methodist Church for participation in Respite Field Trips and activities for the calendar years 2024-2025 we, (I), being 21 years or older, due for release and forever discharge and agree to hold harmless Lake Street UMC and the directors, of any nature whatsoever which may be incurred by the undersigned and the adult-participant that occur while said adult is participating in the above-described trip or activity.

I (We) hereby agree as follows:

I assume full and financial responsibility for my loved one's participation in the activity.

I grant the Church, its employees, clergy, agents, and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the field trip/activity including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.

Accident and health insurance are recommended for my participation in this field trip/activity. I understand that Lake Street United Methodist encourages me to have appropriate insurance coverage for the entire time of the field trip/ activity.

I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church to ensure the best interest, comfort, and welfare of the trip.

I voluntarily indemnify and hold harmless the Church, Board, Employees, and volunteers, their respective officers, and agents from any and all liability, loss personal injury, sickness or death, as well as property damages, coats, or expenses, of any natures (including attorney's fees) whatsoever arising out of my participation in the field trip/activity and which do not arise out of the negligent acts or omission of a scope of their employment or duties for the Church.

I acknowledge that I have read this document and understand and accept its terms.

Legal Guardian Name_____

Legal Guardian's Signature_____

Date_____

Friends at the Lake

Photo and Field Trip Release

Name: _____ Date: _____

The above-mentioned named participant gives permission and release for **Photographs** to be made of him/her while engaging in program activities. These photos may be used for publicity/promotion of the Friends at the Lake Respite Program and also for identification purposes.

Participant _____ Guardian _____

The above participant gives permission and release to participate in **Field Trips and Outings** by the Friends at the Lake Respite Ministry. Every effort will be made to insure the safety of the participant.

Participant _____ Guardian _____

TRANSITION AND DISCHARGE POLICY

Transition and discharge plans are made when another level of care is needed by the participant. A change in the participant's status could occur suddenly requiring immediate action, or could develop over a period of weeks which would allow staff to give advance notice to the caregiver. In either case, Friends at the Lake staff will offer open communication, and make suggestions for care and resources going forward. Friends at the Lake Respite Ministry must ensure that only participants whose needs can be met are admitted to and retained in the program.

Discharge Procedure

When a participant reaches a stage that he/she no longer meets the criteria for participation in the Friends at the Lake program and can no longer be managed by staff and volunteers, the care partner will be notified. When graduation from the program is deemed necessary, it will be discussed with the family member(s) in order to give as much advance notice as is reasonably possible. A discharge date will be determined and coordinated with the care partner.

The Friends at the Lake Staff will make every effort to recommend next steps of care for your loved one.

Purpose

- To identify participants whose needs are changing through the disease process and require another level of care than that which can be provided by Friends at the Lake Respite Ministry.
- To assist families in identifying other care options by offering education, support and community resources

Procedures

- Respite Ministry Staff will discuss the disease process with the caregiver or responsible party at the time of admission, noting that changes in the participant's status will require a change in care or discharge from the Friends at the Lake program.
- Discharges will be made for participants no longer meeting the eligibility criteria or when discharge is requested by the participant's caregiver or family member.
- Friends at the Lake staff will review status of participants periodically and determine when a transition needs to be addressed. These changes will be communicated to the appropriate caregiver by the Friends at the Lake Director.
- Recommendations for discharge will be made when:
 - The participant's health and safety are endangered or when the health and safety of other individuals would be endangered if the discharge was not made
 - The participant's needs require excessive personnel and detracts from the ability of staff to meet the needs of other participants
 - The participant's caregiver requests discharge from the program at any time

- Emergency discharge will occur if the participant's continued attendance presents a harmful situation to the participant and/or staff or other participants. Other reasons for discharges include: communicable disease, abusive or continually disruptive behavior, unmanageable wandering which creates danger for the participant or any behavior which poses a threat to the participant, other participants, or Friends at the Lake staff.

I have read and understand Friends at the Lake transition and discharge policies:

Caregiver signature: _____ **Date:** _____