

[This is only a sample. Projects are encouraged to customize as appropriate]

Letter of Agreement

_____ **SENIOR COMPANION PROJECT**

**Letter of Agreement for In-Home Assignment with
Volunteer Station _____**

PERSONAL INFO:

A. Client's Name _____

B. Name of Person Legally Responsible (if applicable) _____

C. Address:

D. City: _____ **State:** _____ **Zip Code:** _____

E. Phone: _____ **Birth date:** _____

F. Gender: Male Female

G. Marital Status: Married Single Divorced Widowed

SPECIAL NEEDS (Certified by an appropriate professional)

- | | |
|--|---|
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Homebound/Living Alone |
| <input type="checkbox"/> Chronic Disability | <input type="checkbox"/> Respite/Alzheimer's |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Mental Health Related |
| <input type="checkbox"/> Terminal Illness | <input type="checkbox"/> Other (Describe) _____ |

IMPACT STATEMENT

What will change as a result of Senior Companion involvement/services?
Develop and append an Assignment Plan that describes the activities of the Senior Companion and identifies the specific outcomes for the client served.

AUTHORIZED SIGNATURES

A. Signature of Senior Companion_____

Printed Name:

Date:

B. Signature of Legally Responsible Person (if Applicable)_____

Printed Name:

Date:

C. Signature of Volunteer Station Representative _____

Printed Name:

Date:

D. Signature of SCP Supervisor_____

Printed Name:

Date:

(Senior Companion services may be terminated by the Sponsor at any time when services rendered fall out of the scope of the Program or when the client/legally responsible person or the Volunteer Station so requests.)