Module 1
Types of Independent Living Services Delivered by Volunteers

Providing Independent Living Support:
Training for Senior Corps Volunteers

Handout Worksheets

What Do You Already Know About Independent Living Services?

Exercise Worksheet:
How Would You Help This Client?

Reflection: Seniors in Your Life

Training Feedback Survey
What Do You Already Know About Independent Living Services?

Take one minute and respond to the following questions.

1. List the services in your community that you or someone you know (e.g., friend, relative, acquaintance) has used.

2. Write down at least one question you have about an independent living service in your community.

3. What else do you want to know before you leave today?
Exercise Worksheet: How Would You Help This Client?

**Your Mission**
Your clients have recently shown signs that they may need some extra help! With your group, identify the need and possible services that could help (see the list below).

***** Extra credit! Name an agency that provides these services in your community, or a resource (name, phone number, or web site) that could point you in the right direction.*****

These independent living services may be available in your community:

1. Food Distribution/Delivery (e.g., Meals on Wheels)
2. Food Distribution: Congregate Meals (sit-down meals provided for clients in group settings)
3. Transportation Services (programs provide driving and escort services to assist clients with errands, doctor visits, and other activities)
4. Assistance with Daily Living (programs provide assistance with various in-home activities, such as help with light chores, shopping and errands)
5. Respite Care (programs provide relief assistance to caregivers)
6. Companionship/Outreach and Home Visits (programs provide friendly visits or telephone reassurance to ease clients' feelings of isolation and loneliness)
7. Safety Checks (programs watch for signs of changes in client's mental and physical health and survey the home for signs of safety hazards; program may provide repairs or upgrades to improve accessibility and prevent accidents such as wheelchair ramps or handrails)
8. Disaster Preparedness (programs assist clients to prepare for a potential emergency, or conduct other activities to ensure clients will receive assistance in the event of an emergency).
9. Adult Day Care (programs provide supportive services and social activities for adult clients, such as Alzheimer's patients, in group settings)
10. Tax Consulting/Counseling (programs assist clients with tax questions and forms)
11. Another service in your community: ____________________

Read the situations on the next page and answer the questions with your group. There is more than one correct answer.
**Situation A: Mrs. Beasley**

Mrs. Beasley raised a large family and loved cooking big Sunday dinners. Now she lives alone and her children live in different states. Eating alone, especially on Sundays, is depressing for her. Lately she is less inclined to cook at all, and she doesn't have much of an appetite anyway. Last night, for example, she ate half a can of peas for dinner.

1. What might be the problem, in your opinion? ____________________________________________________________

2. What service would you recommend to Mrs. Beasley? (from the list or another service area you know of): ____________________________________________________________

**Extra Credit** Name of agency or resource that offers this service or a source that could provide you with more information: ____________________________________________________________

**Situation B: Mr. Wu**

Mr. Wu has always been very independent. He ran his own small business and raised two children after his wife died. In fact, he would still be working if health problems hadn't forced him to retire. As his physical health declined over the last year, he has experienced increasing difficulty in getting around. He can no longer drive, and now his doctor is advising him to use a walker to aid his balance, which he hates. Mr. Wu is anxious about how he will continue to manage basic household tasks, and fears he is "one fall away from the nursing home."

1. What might be the problem, in your opinion? ____________________________________________________________

2. What service would you recommend to Mr. Wu? (from the list or another service area you know of): __________

**Extra Credit** Name of agency or resource that offers this service or a source that could provide you with more information: ____________________________________________________________

**Situation C: Mrs. Green**

Mrs. Green has been taking care of Mr. Green since his Alzheimer’s was diagnosed a year ago. Although he is still in the early stages, she does not feel comfortable leaving him alone in the house. Mrs. Green is beginning to feel run-down and anxious; she has no time for herself or the outside friendships she needs.

1. What might be the problem, in your opinion? ____________________________________________________________

2. What service would you recommend to Mrs. Green? (from the list or another service area you know of): __________

**Extra Credit** Name of agency or resource that offers this service or a source that could provide you with more information: ____________________________________________________________
Reflection: Seniors in Your Life

Take a few minutes and respond to the following questions individually. This sheet will not be collected, but you may want to share your ideas with a partner.

1a. Is there a senior in your life (e.g., friend, relative, acquaintance, or client) who now needs, or will soon need, additional services (e.g., transportation assistance, meal delivery, a little help around the house)?
   b. What service(s) would you recommend they look into?
   c. How would you discuss services with that individual?

2a. Is there a senior you know who may be looking for a volunteer opportunity?
   b. What service(s) would you recommend they look into?
   c. Why do you think they would enjoy this particular service?
Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: ___________________________________________ Date: ____________

Lead Facilitator: _______________________________________________________

Program you serve with:  ☐ SCP  ☐ RSVP  ☐ Other: ___________________________

Please rate this session using the following scale:

Strongly Disagree Disagree Neutral Agree Strongly Agree
1 2 3 4 5

1. The subject matter was presented effectively.

2. The facilitator was knowledgeable.

3. The facilitator responded to questions.

4. There were enough opportunities for discussion.

5. The written materials are useful.

6. The session met my expectations.

7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.

8. I plan to apply what I learned at this session.

9. What did you like best about this session?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

10. What would have improved this session?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Thank You! Your feedback will help us to improve our training!