

Client Guidelines and Application

Thank you for contacting the **Shepherd's Center of Chesterfield!** We are happy to be able to help you if you need our **Medical and Grocery Shopping Transportation or Minor Home Repair Services.** It's important that you understand how our organization operates so we can provide you with the best service possible while still being considerate of the people who volunteer to perform our services.

Please read the information below which also includes our guidelines. Please sign the agreement at the end of this letter.

Information

Everyone who performs a service at the Shepherd's Center is a volunteer.

Our Drivers are volunteers. Not only do they donate their time, but they use their own vehicles and pay for their own gas to transport people in our community who call needing our services.

Our HandyHands (the people who provide the minor home repair services) **are volunteers.** Many of them are retired professionals, but they all have excellent skills. They donate their time and talents when they are called and will tell you if the repair is too large for them to handle. A donation of \$3.00-\$5.00 per hour is greatly appreciated and we ask that you pay for the cost of any parts needed for the repair.

Our Office Staff are volunteers. They are in the office Monday through Friday from 9:00 a.m. - 1:00 p.m. They donate their time, energy, and expertise to schedule your transportation appointment.

Our drivers and staff are all volunteers. Please be considerate of their time and gracious for their willingness to serve you! If alternate forms of transportation are available to you, please consider using them before contacting The Shepherd's Center so that drivers are available for our clients with the most need.

Please do not ask our drivers for money! Failure to comply will result in termination of services.

Regarding Animals:

If either a Shepherd's Center Driver or HandyHands volunteer comes to your home, please contain your animals in a separate room. (A dog that seems friendly to you can misunderstand seeing a stranger in the house and become aggressive.) **Failure to do this will cause you to be removed from our services.**

Eligibility and Guidelines- For Free Transportation Service

Eligibility:

- 1) **60** years of age or older; Please be prepared you show your identification to your driver;
- 2) Independently ambulatory and continent (The Shepherd's Center volunteers cannot transport incontinent or wheelchair clients);
- 3) Must speak English. In case of emergency, it's important that your driver is able to communicate with you.

Guidelines:

The drivers who will be transporting you are **volunteers.** They do this because they care. In consideration of them, please be mindful of their generosity and follow these guidelines:

- 1) Your pick-up location must be in one of the following zip code areas:
23112, 23113, 23114, 23224, 23225, 23234, 23235, 23236, 23237, 23803, 23831, 23834, 23836, 23832, 23838, 23860
A standard time for a trip from pick-up to return is **2 hours. If you think your trip may be longer, please let the office volunteers know when you call.**

- 2) Please try to make the time for your appointment **AFTER 8:00 a.m. and BEFORE 3:00 p.m.** Monday through Friday. Grocery shopping appointments are also available on Saturday mornings. Our drivers prefer to drive during daylight and they prefer to avoid rush-hour traffic.
- 3) All grocery shopping trips must be to stores **within 5 miles** of your home.
- 4) **Our drivers are not permitted to lift heavy objects. This includes, but is not limited to, cases of water, beverages and any other heavy grocery items.**
- 5) **All arrangements for your transportation are to be made through the Shepherd's Center. At no time are you to call the driver at home. (The driver will call you to verify.)**
- 6) You are responsible for tolls and parking fees.
- 7) **You need to call at least 5 business days (not counting day of request) ahead of your appointment, but not more than 2 weeks ahead. If you leave a voice mail message, PLEASE SPEAK SLOWLY and state the following:**
 - Name
 - Phone Number
 - Date and time you need transportation
 - Location of medical appointment or grocery store
- 8) We can only provide transportation for you **once in seven days.** More frequent trips put too much demand on our volunteer drivers. We can provide a maximum of two grocery shopping rides per month.
- 9) **We can only provide transportation for six therapy appointments. We do not provide transportation for medical appointments that require local anesthesia.**
- 10) In the event of inclement weather, the driver will contact you and let you know if he/she will not be able to provide transportation that day.
- 11) Please be ready 15 minutes before the time of pick-up and be on the lookout for the driver in the event that they are having trouble finding your home.
- 12) **The drivers are not allowed to make any additional stops—only stops scheduled by The Shepherd's Center are allowed.**
- 13) Please call us if you have a change of plans and don't need our driver. ***TWO CONSECUTIVE CANCELLATIONS or REPEATED CANCELLATIONS AFTER TRANSPORTATION ARRANGEMENTS HAVE BEEN MADE WILL RESULT IN TERMINATION OF SERVICES BY THE SHEPHERD'S CENTER.***
- 14) All Virginia laws of the road, including seat belt laws, must be observed to protect our clients and our drivers.
- 15) ***Although this is a free service for you, our organization is supported through the donations of the people of Chesterfield County and a contribution is always appreciated in order to keep these services available. We've included a donation envelope for your future use.***

Eligibility and Guidelines- For HandyHands Service

- Eligibility:**
- 1) **60** years of age or older
 - 2) **YOU MUST OWN THE HOME THAT YOU ARE LIVING IN** and not have access to a maintenance department taking care of your minor repair needs.

Guidelines:

The HandyHands who will be making the repair for you are volunteers. They are not reimbursed in any way. They do this because they care. In consideration of them, please be mindful of their generosity and follow these guidelines:

- 1) The fee for HandyHands work is \$5.00 per hour, (or fraction of an hour) depending on the job. The HandyHands volunteer will tell you what the cost will be when he/she takes a look at the job.
- 2) You, the homeowner, are responsible for the cost of any materials needed to complete the repair.
- 3) All work will be initiated through the Shepherd's Center dispatch desk only.
- 4) The HandyHands volunteer will do one specific job when they come. If you need additional repairs done in your home, you need to call the Shepherd's Center office and set up another repair appointment.
- 5) Ability to perform work on your home is up to the discretion of the Shepherd's Center's volunteers after surveying the job. Our volunteers perform only **MINOR** home repairs and will not take on a job that they feel should be handled by a professional.
- 6) ***Although this is an extremely low cost service for you, our organization is supported through the donations of the people of Chesterfield County and a contribution is always appreciated in order to keep these services available. We've included a donation envelope for your future use.***

**Please keep these guidelines and refer to them before calling
706-6689 to request an appointment.**

Please fill out the form **COMPLETELY**, sign, and send back to:

Shepherd's Center of Chesterfield
6800 Lucy Corr Boulevard, P.O. Drawer 170
Chesterfield, VA 23832

Name _____ Phone _____

Address _____

City _____ Zip _____ Email _____

Date of Birth _____ Church Affiliation _____

Documented American Citizen? ___ Yes ___ No Are you a veteran? ___ Yes ___ No

How did you hear about the Shepherd's Center? _____

Why are you in need of our services? _____

Impairments: Visual Hearing Uses Cane Needs Aid for: Walking Getting in Car Uses Walker

Emergency Contact Information

Name of Emergency Contact _____ Relationship to you _____

Home Phone _____ Work Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Family Contact Information (If the same as your Emergency Contact Information please check here and skip this section.)

Name of Family Contact _____ Relationship to you _____

Home Phone _____ Work Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Acknowledgement of the Shepherd's Center's Eligibility and Guidelines and Release from Liability

I have read the Shepherd's Center's Eligibility and Guidelines for services and agree to abide by them. I understand that failure to do so could result in my removal from Shepherd's Center's services. As a receiver of the Shepherd's Center's volunteer services, I relieve said Shepherd's Center of any liability due to accident, damage or illness while in the care of their volunteer. **Please note failure to abide by the above noted guidelines will result in termination of our services.** I also give my permission to utilize any photos taken while participating in Shepherd's Center's activities and services.

(Signature) _____ (Date) _____