



## **An Overview**

Caregivers Community Network (CCN) seeks to enrich the lives of older adults and their caregivers by striving to fulfill the following mission statement: “To provide support services to family caregivers preserving an independent lifestyle for both the care recipient and the caregiver.” CCN was originally started as a non-profit (501C3) agency through the partnership of the James Madison University Nursing Department and the Institute for Innovation in Health and Human Services (IIHHS). In August 2016, Valley Program for Aging Services (VPAS) took on this partnership with JMU and IHHS to continue the CCN program offering benefits for caregivers and those they care for. The core benefit of this program is to support families with caregiver respite and social/emotional services for their loved ones. Our current staff includes:

**Kathy Guisewite**, MEd, M.A., CCN Program Coordinator

**Dr. Emily Akerson**, Associate Director for Clinical and Interprofessional Programs at JMU’s Institute for Innovation in Health and Human Services

**Beth Bland**, Director of Senior Services, Harrisonburg and Rockingham County,  
Director of Development

## **Introduction to Respite**

Respite refers to the short-term relief given to a caregiver, in this case caregivers of older adults and persons with memory loss or Alzheimer’s Disease. These caregivers provide daily, on-going care and need time away to “take a break” and care for themselves. Respite gives them this opportunity. While the history of CCN has been providing in-home respite, COVID 19 is now calling upon us to offer care to these families in new ways that will feel supportive in the safest ways possible. Therefore, respite will take different forms as we navigate the safety involved with COVID concerns. Families will be offered either face to face visits (as is deemed safe by VPAS), virtual visits, or weekly care packages. All three of these choices offer socialization, and opportunities to practice self-care and well-being. Additionally, CCN continues to give families something to look forward to each week, the chance to rekindle joy just by having fun together, break up the loneliness of social isolation, and share in a very meaningful aspect of educating college students. In these ways, we continue to extend respite to those participating in CCN.

***Caregivers Community Network***

975 South High Street

Harrisonburg, VA 22801

Phone (540) 471-5633, Fax (540) 615-5347

Updated: Spring 2022



## **Qualified Student Volunteers**

Our volunteers are university students from various career tracks who participate in service learning opportunities with CCN. Each volunteer completes a two-hour training session, where they learn tips for communicating with older adults who have hearing loss, visual impairments, or dementia, and also review safety tips. Most of all, our training emphasizes how to tune into others' needs, respect one another, and creatively have fun together. Confidentiality is also stressed and all volunteers are required to sign a confidentiality agreement. Students maintain ongoing communication with the CCN Coordinator via weekly logs, additional class time, and reflection papers.

After completing training, student volunteers are paired up with families in need of services. We match up families and student volunteers primarily based on schedule availability but also take into account family preferences and shared hobbies. CCN staff are available by phone should a difficult situation arise. As this program is for credit and is an educational experience for students, the CCN Coordinator may occasionally join in a visit to observe the students 'in action'.



## Family Assessment & Enrollment Application for CCN Fall 2022

Date of application: \_\_\_\_\_

Check all that are of interest:  face to face visits  virtual visits  care packages

Care recipient's name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health issues: \_\_\_\_\_

Any pets in home?  Yes  No What kind? \_\_\_\_\_

Smokers in the home:  Yes  No

Functional status:

No restrictions  Uses wheelchair  Vision limitations  
 Uses cane/walker  Hearing limitations  Speech limitation  
 Cognitive concern  Agitated or angry  Short attention span

Other behaviors students should be aware of?

What brings this person joy?

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**Caregiver Information:**

Caregiver Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ Email Address: \_\_\_\_\_

Caregiver Mailing Address: \_\_\_\_\_

Emergency Contact in the event the caregiver cannot be reached:

Name and relation: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

List your preferences for days and times for face to face or virtual visits:

\_\_\_\_\_

What would you like for students to know about you as the caregiver?

\_\_\_\_\_

What would you like for students to know about the person you care for and what topics make for good conversation?

\_\_\_\_\_

Additional Helpful Suggestions:

Signature of Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Family Liability Statement, Fall 2022**

By signing this document, our family is agreeing to meet with CCN students in either virtual meetings or in-person. We understand that students will share any concerns they see or hear with the CCN Coordinator, and that in the event of an emergency, students will call 911.

We realize that those living with Alzheimer's Disease may present medical or behavioral problems that will require immediate action or attention. We also understand that the volunteer working with our family is not a health professional, and that while every reasonable effort will be made to support the participating caregiver and care receiver, no one can guarantee the medical or physical safety during student visits. In homes where the caregiver works or lives outside of the care receiver's home, the CCN Coordinator will determine if virtual or in-home student visits with only the care receiver are feasible.

By accepting the services offered by the *Caregivers Community Network* and signing this release, we hereby waive all responsibility from the students assigned to us for any liability arising from bodily injury which may be sustained by the caregiver or the care recipient.

The family of \_\_\_\_\_ (care receiver's name) agree to participate in CCN with JMU students for the Fall 2022 semester. We further agree to honor confidentiality and respect for each other. We understand that virtual visits may not be recorded. We agree to permit students to discuss matters of concern with the CCN Coordinator and to call 911 in the event of an emergency. We enter this agreement voluntarily and without reservations to its terms.

Name:

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Signature and Date:

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## **Family Policy Statement Fall 2022**

### **Combative Behavior**

The older adult is not combative and has not had a recent episode of combative behavior.

### **Skilled Care**

The older adult does not require skilled nursing care. The student volunteer is not allowed to provide medical advice and the caregiver will do what is necessary to ensure safety in the home. (Families will confer with the CCN Coordinator when the caregiver cannot be present.)

### **Transportation**

The student volunteer may not provide transportation for the family or the loved one under any circumstances.

### **Gifts**

This is a volunteer program and student volunteers do not expect gifts.

### **Notice**

Participants must give 24 hours notice to the Program Coordinator if there is a change in agreed upon student volunteer date or time of service.

### **Open Communication**

CCN students maintain open communication with the Program Coordinator regarding all aspects of their visits. It is understood that when safety and/or medical concerns are noted, students will share these concerns with the CCN Coordinator. The CCN Coordinator may, in turn, discuss these concerns with CCN supervisors at VPAS and JMU.

### **Cancellations**

While we are volunteering for participation in CCN, we understand that students are visiting our family as part of a college class. We will do our best to meet with them at our regularly scheduled time throughout the semester. We will be in direct communication with the students when we need to cancel due to illness or other concerns.

I understand that violation of any of these policies will result in the termination of my participation in the VPAS *Caregivers Community Network*.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

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