



## **An Overview**

The Intergenerational Respite Care Program (IRCP) 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.” This program was originally called Caregivers Community Network (CCN) and was 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 IIHHS 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. VPAS has renamed the program IRCP to expand the opportunity to offer respite services through other colleges and universities. As of the Fall of 2023, IRCP is offered through James Madison University (JMU) and Bridgewater College (BC).

## **Current staff include:**

**Kathy Guisewite**, VPAS Caregiver Outreach Coordinator and Adjunct Professor

**Joyce Nussbaum**, VPAS Director of Senior Services

**Vesna Hart**, Associate Director for Interprofessional and Interdisciplinary Education Programs, Institute for Innovation in Health and Human Services  
Assistant Professor – Graduate Psychology, James Madison University

**Donna Hoskins**, Department Chair and Associate Professor Health and Human Sciences, Bridgewater College

## **Introduction to Respite**

Respite refers to the short-term relief given to a caregiver, in this case caregivers of older adults including persons with memory loss or Alzheimer’s Disease and Related Dementias. 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 socialization with family members is a key component to our program, visits also include cognitive stimulation and opportunities to learn about and practice self-care techniques. Visits also offer families something to look forward to each week, the chance to rekindle joy just by having fun together, and the opportunity to share in a very meaningful aspect of educating college students.

(Updated Spring 2024)

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### **Qualified Student Volunteers**

Our volunteers are university students from various career tracks who participate in service learning opportunities through this course. 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 the needs of others, 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 adjunct professor via weekly logs, additional class time, and reflection papers.

After class training and background checks are complete, student volunteers are paired up with families in need of respite and visit as teams of two. The adjunct professor is available by phone should a difficult situation arise for either students or families. As this program is for credit and is an educational experience for students, the adjunct professor may occasionally join in a visit to observe the students 'in action'.

### **Family Participation**

Family location will determine which university students visit. Either the caregiver or the loved one must be 60 years old or older. Student visitors support social/emotional aspects and may not assist with medications, transportation, or bathroom needs. Families who decide to participate are encouraged to welcome students consistently in order to facilitate the students' coursework assignments.



To be completed by office staff:

Semester: \_\_\_\_\_ Spring \_\_\_\_\_ Fall

Year: \_\_\_\_\_

Program: \_\_\_\_\_ CCN \_\_\_\_\_ IRCP

CM Form: \_\_\_\_\_ UAI: \_\_\_\_\_

## Family Application for Respite through Student Visits

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

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

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

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

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

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

Health concerns: \_\_\_\_\_

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

Smokers in the home:  Yes  No

Functional status:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No restrictions   | <input type="checkbox"/> Uses wheelchair     | <input type="checkbox"/> Vision limitations   |
| <input type="checkbox"/> Uses cane/walker  | <input type="checkbox"/> Hearing limitations | <input type="checkbox"/> Speech limitation    |
| <input type="checkbox"/> Cognitive concern | <input type="checkbox"/> Agitated or angry   | <input type="checkbox"/> Short attention span |

Other behaviors students should be aware of?

What brings this person joy?



Is there a fire extinguisher in your home? If so, where is it located?

Is there a first aid kit in your home? If so, where is it located?

Any special notes for the students regarding parking and home entry?

Any dietary restrictions for your loved one?

**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: \_\_\_\_\_

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List your preferences for days and times for weekly visits:

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

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What would you like for students to know about the person you care for and what topics make for good conversation? What activities should be avoided and what activities are fun?

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Additional Helpful Suggestions:

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



## Family Liability Statement

By signing this document, our family is agreeing to meet with CCN/IRCP students. We understand that students will share any concerns they see or hear with their professor, 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.

By accepting the services offered by CCN/IRCP 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/IRCP with students for the current semester. We further agree to honor confidentiality and respect for each other. We agree to permit students to discuss matters of concern with the CCN/IRCP professor 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

### **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 volunteers are 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/IRCP professor when the caregiver cannot be present.)

### **Transportation**

The student volunteers 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 between students and families if there is a change in agreed upon student volunteer date or time of service. Students will be required to notify their professor.

### **Open Communication**

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

### **Cancellations**

While we are volunteering for participation in CCN/IRCP, 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 CCN/IRCP.

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

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

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

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