

Title: Home Support

Policy No: 5001

Effective Date: April 27, 2021

Motion Number: 21.04.226

Supersedes Policy No: NONE

Review Date: April 27, 2024



Purpose: The purpose of the Home Support Policy is to provide guidelines on how to administer the Green View Home Support program

1. DEFINITIONS

- 1.1. **Essential Services** means grocery shopping, medical appointments, and banking.
- 1.2. **Green View FCSS** means Family and Community Support Services provided by the M.D. of Greenview in partnership with the Town of Valleyview.
- 1.3. **Minimal Respite Care** means care provided on a short term basis that is provided during regular work day hours.
- 1.4. **The Board** means the Green View Family and Community Support Services Board.

2. POLICY

- 2.1. Green View FCSS believes it is appropriate to provide home support service based on a variable cost associated with the independent needs assessment to allow people to remain in their own homes.
- 2.2. Annually, the Board will establish a budget for the Home Support Program.
- 2.3. To protect staff and the municipalities from liability, Home Support workers may not provide current Green View Home Support clients service outside of agreed upon number of hours per week.
- 2.4. All services will be provided based on a maximum of 4 hours per week per client. Requests for additional hours may be approved by the Home Support Coordinator or the FCSS Manager.

3. PROCEDURE

- 3.1. Eligibility of clients is based on, but not limited to, the following factors:
 - A) Individual needs assessment
 - B) Availability and/or access to other resources

3.2. Services to be provided may include, but are not limited to:

- A) Assistance with light housekeeping
- B) Minimal respite
- C) Meal preparation
- D) Travel to essential services

4. Responsibilities

4.1. Staff

- A) The Home Support Coordinator will advertise and promote Home Support services through newsletters, brochures, health agencies and other community groups.
- B) The Home Support Coordinator will conduct an interview and complete an assessment form, which will include, but not be limited to, the following:
 - i. Income
 - ii. living and medical expenses
 - iii. insurance and utilities
 - iv. vehicle expenses
- C) When a client is approved for the program, the Home Support Coordinator will coordinate services with the Home Support Worker
- D) The Manager of FCSS will report to the Board on the number of clients, types of services provided, and hours worked in the Home Support Program.
- E) The Home Support Coordinator will provide the client with written notice prior to removing them from the program.

4.2. Board

- A) The Board will, within thirty (30) days, meet to hear any appeals from clients who have been removed from the program. The Board's decision is final and binding to all parties.
- B) The Home Support fee is to be reviewed and approved annually by the Board.

4.3. Members of the Public

- A) Individuals or family members may request support through this program by contacting the Home Support Coordinator.
- B) In the event a client is removed from the program and disagrees with the decision of the Home Support Coordinator, they may appeal in writing to the Board within seven (7) days of the discontinued service.