



OLDS & DISTRICT HOSPICE SOCIETY
A WAY FORWARD DAY PROGRAM
AGREEMENT PACKAGE

Name of Participant: _____

Date: _____

Please complete and to return to O&DHS on your first visit.



A Way Forward Day Program

NAME OF PARTICIPANT: _____

ADDRESS: _____

MAIN PHONE #: _____

ALTERNATE CONTACT PERSON/#/RELATIONSHIP:

1. _____

2. _____

I have received the information package and admission agreement package.

Signature of Participant

Date

Signature of O&DHS Representative

Date

Help Us Care For You

Are you on any medications? Please list:

Goals of care: _____

Medical concerns/diagnosis/history:

Your personal information will be kept confidential.

Thank you

Welcome to O&DHS A Way Forward.

Your Program Day will be_____

Starting_____

If you require lunch time medications please bring them with you. If you require any special meal preparations or restrictions (allergies) please inform us.

If you are unable to attend the program, or if you have any questions or concerns regarding the program, please contact our **Program Coordinator** at 403-586-9992.

We are looking forward to have you attend.

Olds & District Hospice Society

A Way Forward

- Encourages and supports individuals
- Can provide meaningful social contacts
- Encourages a sense of accomplishment through a variety of activities
- Increases access to as variety of community resources
- Provides a nourishing meal in a homelike setting
- Provides respite for the caregiver

A Typical Day May Look Like This:

- Arrival at Season's Encore by 10:00am
- Welcome—conversation
- Group activity or project (music, craft, art, humour)
- Lunch
- Quiet time
- Discussion
- Preparation for leaving by 2:00pm

Reasons to Use A Way Forward

For the Participant:

- You will have an opportunity to socialize with others in activities that are meaningful and stimulating.
- You will have an opportunity to share time with others who are on a similar journey.

For the Caregiver:

- A chance for you to spend time with family/friends, run errands, or just relax.
- A feeling of comfort and peace of mind knowing that the person is safe while you are away.
- TIME TO CARE FOR YOURSELF.

Responsibilities of Program

A Way Forward has established standards of conduct that include but are not limited to:

1. Ensuring that participants and family caregiver privacy and confidentiality is respected at all times (verbal and written), including personal and health information.
2. Ensuring that the value of the participant and family caregiver is recognized and supported in maintaining the participant's well being.
3. Ensuring that activities and programs respect the participant's personal, religious, political beliefs and lifestyle decisions.
4. Ensuring a nutritious lunch time meal and snacks which takes into account special dietary requirements as needed.
5. Ensuring that an open communication between participants, family caregivers, coordinators and volunteers is respectful, timely, courteous, and appropriate.
6. Ensuring that participants safety and their belongings are treated with respect and dignity.

Responsibilities of Participant and Caregiver

The participant and/or caregiver attending A Way Forward will:

1. Provide the Program Coordinator with notice of absences by the Thursday prior to allow staff to cancel the meal/snack and make appropriate changes to the program as required.
2. Treat personnel, volunteers, and other attending participants with respect and courtesy.
3. Arrive to the program on time, be willing to participate in activities, and wear appropriate attire.

Admission Criteria

A client may be admitted to the program if he/she:

- Is a palliative client
- Is able to attend to their own needs
- Is able to tolerate the participation of activities

Discharge Criteria

A client will be discharged from the program when:

- They pose a safety risk to themselves or the group



Olds and District
**HOSPICE
SOCIETY**

**A Way Forward Day Program
Participant Information Package**

Olds & District Hospice Society

Box 4231

Olds, Alberta T4H 1C3

403-586-9992