



# Angels On Assignment

Neighbors Helping Neighbors

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# Volunteer Caregiver Handbook

## Mission Statement

The mission of Faith In Action, Crawford County is to assist the elderly, the disabled and others in need to maintain their dignity, their independence and their quality of life. This is accomplished by providing volunteer services through the shared ministry of faith communities, Neighbors Helping Neighbors!

## What Do We Do?

We coordinate caregivers to serve the elderly and disabled residents through a range of support services designed to help care receivers remain independently living in their homes.

## Who Do We Serve?

Our program serves adults who are 60 years of age or older and the disabled, regardless of race, religious belief, or economic status. FIA fills the gap for elderly and handicapped people who could remain in their homes with a little assistance.

## Who Are Our Caregivers?

Our caregivers are people of all ages. They represent individual community members, youth service groups, community organizations, and religious congregations who want to help enable the care receiver maintain their independence, dignity, and quality of life at home.



## Faith In Action

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Email: [faithinaction@mhtc.net](mailto:faithinaction@mhtc.net)

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## A Message from the Program Director

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*Dear Caregiver,*

*Thank you for agreeing to become a volunteer with Faith In Action-Crawford County. We extend a warm welcome to you and hope that your volunteer experience with us will be enjoyable and rewarding.*

*We are confident that your hours of service will be of value and benefit to you and to our citizens over the age of 60.*

*Our caregivers are extremely important to us. With only myself as staff, caregivers are what make Faith In Action work and work well.*

*This handbook answers some of the questions often asked by new caregivers and provides some basic information about the guidelines of the program. We have included some general information on working with the elderly population as well. We hope it will be a useful reference for you. Please refer to the handbook during the course of your care giving service with Faith In Action.*

*We at the Faith In Action office are very interested in you and are here to help make your care giving experience pleasant and productive.*

*I hope to get to know you and help you in your work. Please do not hesitate to call at any time: 608-357-2361.*

*Sincerely,*

*Cathy Lund*

*Program Director*

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## The Role of the Program Director

The Program Director is accountable to the FIA Board of Directors. The Program Director is currently the only paid staff member of the program and this is a part-time position. The Program Director does outreach throughout the surrounding area explaining the program and enlisting the involvement of community organizations. The Program Director trains, and supervises caregivers. She

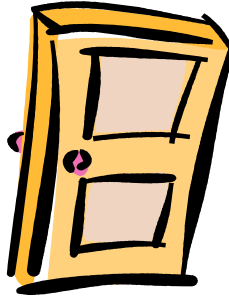
assessments and works to match caregivers with care receivers, and makes referrals to other agencies when appropriate.

The director assists with fundraising efforts to sustain the program. The Program Director works with the FIA Board to set goals and policies for the FIA program.

## Background of Faith In Action

Faith In Action got off the ground in July 2005 with a start-up grant awarded by the Robert Wood Johnson Foundation. The Robert Wood Johnson Foundation, based in Princeton, N.J., is the nation's largest philanthropy devoted exclusively to health and health care. Their efforts through Faith In Action start-up grants have helped more than 1,000 volunteer caregiving programs across the country. In 2009, there were 32 Faith In Action programs in operation in Wisconsin. Wisconsin has a state network of these programs.

The Board of Directors and the Program Director are working to develop diversified sources of funding on the local level to sustain the



program.

The program pursues grants that are oriented towards supporting care giving programs.

The program also makes annual appeals for donations from area corporations, congregations, community members and care receivers and their families. Special fundraising events are held to generate more revenue.

The FIA program does not charge any fee for services. However, it does accept contributions of any size from people who believe in the mission and/or are receiving our care.

## Board of Directors

Faith In Action has a 10 member volunteer Board of Directors. The Board is responsible for ensuring effective program operations by providing leadership, advice, and direction to the staff and caregivers of the organization. This group meets bi-monthly to discuss current policies and future directions the program might take as well as strategies to sustain the program. Members represent diverse faith communities, local businesses, community groups, health and social service agencies, and FIA caregivers.



## The Role of the Volunteer Caregiver

Caregivers are the heart and soul of Faith In Action. Our caregivers are special, unique, and the lifelines of service to our citizens over the age of 60. They care enough to give their time, talents, patience, understanding and respect. Each person enriches the life of another. Without caregiver participation, FIA could not exist.

Caregivers give their time to provide support and assistance to elderly neighbors in need. It is

our hope that individuals who receive this support may remain independent for as long as possible and maintain a sense of worth and dignity. Responsibilities of the caregiver will depend on their interests and skills and on the specific needs of the individual care receiver.



### Conduct of Caregiving

#### DO:

- ◇ Recognize your limitations. You have the right to refuse if you do not feel competent to perform certain functions.
- ◇ Avoid taking the care receiver family's problems home with you.

#### DON'T:

- ◇ Do not try to rearrange the life or living situation of your care receiver.
- ◇ Do not seek to influence the care receiver or their family on political or religious matters.
- ◇ Do not perform tasks that might do you harm, such as lifting heavy objects, climbing, etc.
- ◇ Do no soliciting of any kind.
- ◇ Do not offer any medical advice or administer any medications.



## Services Provided by Volunteer Caregivers

Depending on the interests and skills of the caregiver, and the specific needs of the individual care receiver, services may include some of the following:

**Light Housekeeping:** Caregivers provide help with light housekeeping chores such as laundry, vacuuming, and dusting, and give occasional help with meal preparation.

**Friendly Visiting:** Caregivers provide companionship and become friends with a care receiver through an ongoing relationship that involves visiting, playing cards or games, reading aloud, letter writing, or going on outings together.

**Small Fix-it jobs:** Caregivers are occasionally called on to do small fix-it jobs such as installing hand railings, or changing storm windows.

**Yard Work:** Caregivers provide yard work such as raking in the fall and snow shoveling in the winter.

**Transportation:** Caregivers provide transportation for such outings as doctor appointments, shopping, and church services.

**Shopping and Errand Assistance:** Caregivers help with shopping or other errands for the care receiver on a regular basis or as the need arises.

**Respite Care:** Caregivers provide limited relief (1-4 hours) to a primary caregiver by spending time with a care receiver.

**Phone Assurance:** Caregivers provide phone calls to individuals needing help to remember medications or just a friendly voice checking up on them.

## The Volunteer Caregiver Process

The Faith In Action office receives requests for help from elderly individuals, friends, family members as well as social workers. The Program Director sets up a time to do a home visit with the person requesting services and they fill out a care receiver application. If the person is 60 years of age or older, and has a request that does not fall in the boundaries of Faith In Action services, every effort is made to match the person with another option. In some cases, the person is referred to a different service or agency that could better meet their needs.

Through outreach in the community, FIA caregivers are recruited. When a person expresses interest in becoming a FIA caregiver, the Program Director provides them with a caregiver application.

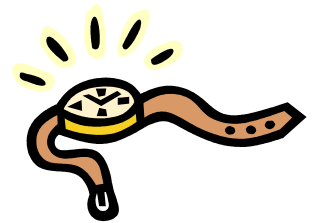
The caregiver application asks for personal references, and seeks

permission for the Program Director to do a background check. The form includes a checklist so the applicant can indicate what services they are interested in offering to seniors. Once the Program Director receives the completed application, it is processed and put on file.

The caregiver is asked to sit down with the director and go through an orientation process that includes an overview of the program and its guidelines, as well as training on the particular service (s) they will be providing. When the Program Director sees a possible match between a care receiver applicant and a volunteer applicant, the wheels are set in motion for the services to begin. The Program Director explains the specific situation to the caregiver and they decides if this is a situation they would like to take on.

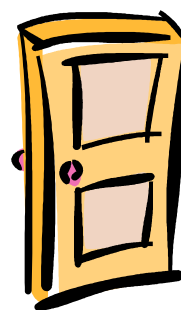
## General Guidelines for Volunteer Caregivers

- **All caregivers must complete a Caregiver Application.** As part of the application, Faith In Action (FIA) asks the caregiver applicant for permission to conduct a Wisconsin State Background Check on the caregiver applicant and to contact the personal references provided by the caregiver.
- **FIA will make every attempt to match the caregiver with an appropriate care receiver situation.** When a caregiver goes through the orientation, the potential volunteer situations available are described. The caregiver indicates if they would like to take on any of the current situations on the waiting list. The current requests do not always match up with the services the caregivers willing to provide. In that case, the Program Director watches for an appropriate situation in future requests.
- **Acceptance of the service is mutually decided upon by the care receiver and the caregiver.** The Program Director will do everything possible to familiarize the volunteer with the senior they will be serving so that the caregiver feels comfortable with and prepared for the assignment. The personal relationship the caregiver builds with the senior is as important to the senior as the services being received. If the caregiver is comfortable with remembering the senior's birthday or any other occasion, that is fine. If the volunteer or the care receiver does not feel comfortable with an assignment for any reason, that assignment will be discontinued and a new one considered.
- **The caregiver should perform only the assigned duties.** If the caregiver wishes to do tasks other than those designated, or is asked to do more by the care receiver, please discuss this with the FIA office.
- **Caregivers' phone numbers will not be given to care receivers or their families.** Caregivers are discouraged from giving out their personal phone numbers until they are familiar with their care receiver and it is agreed under what circumstances they may be called. Care receivers may reach caregiver by leaving a message with the FIA office during business hours.
- **The caregiver is responsible for contacting the care receiver and arranging the schedule.** The caregiver should make the day and the time clear that he/she plans to help the care receiver and it may be a good idea to call again the day before the scheduled visit to confirm. Before the caregiver leaves the senior, he/she should arrange a time for the next visit.
- **If the caregiver can not keep an appointment** because of an unexpected personal matter, he/she should contact the FIA office as soon as possible. The FIA office will be responsible to call the care receiver and reschedule the appointment.
- **The caregiver is an important link in the monitoring and communicating of the care receiver's condition.** The caregiver should be alert to the changing needs of the care receiver and inform the FIA office of additional services that may be needed. If you see a dramatic change in the condition or needs of the care receiver, let the FIA Program Director know within 24 hours. Bring any concerns to the Program Director.



## General Guidelines for Volunteer Caregivers continued.....

- **The caregiver is asked to keep a simple monthly time sheet** of caregiver activities. Monthly timesheets are available at the FIA office or you can request a copy of the timesheet electronically.
- **If your personal situation changes and you are not able to continue** with your FIA caregiver assignment, the FIA office should be notified as soon as possible.
- **Caregivers should not accept money for services provided, but donations may be made to the FIA program.** Caregivers should never give or loan money to the care receiver nor should the care receiver give or loan money to the caregiver. You should not give or accept gifts of material value. However, the giving and receiving of small tokens of respect, friendship and appreciation such as a card or flower or snack, is not discouraged.
- **Any caregiver transporting a care receiver** must have adequate automobile insurance plus a valid driver's license.
- **Continuing education presentations will be held periodically.** These presentations will provide an opportunity to gain new skills and knowledge to enhance your care giving efforts. Attendance is optional.
- **Caregivers are not expected to and should not provide any hands-on care.** Bathing and personal care are not provided through our program. Moving a client with a demanding physical limitation is not within the boundaries of what our caregivers provide. Moving a care receiver in/out of a wheelchair or bed takes special training that we do not provide. Caregivers are not discouraged from assisting a care receiver who is able to lift, lower, and move him/herself but requires steadying or support in order to be safe. Caregivers should avoid contact with any bodily fluids.
- **Caregivers will not provide medical care to care receivers.** A caregiver should not even hand a person their medication, as this is considered dispensing medicine.
- **A caregiver should never enter a home when the care receiver does not answer.** If this situation occurs, notify the FIA office. If the office is closed, the caregiver should call the emergency number given on the FIA office answering machine. If this does not result in confirming where the care receiver is, call local law enforcement. Ask them to do a wellness check on the person.
- **In case of an extraordinary occurrence or serious accident** in the home, caregivers are to call 911. Notify the Program Director of such incidents as soon as possible. ( See page 8)



## General Guidelines for Volunteer Caregivers continued.....

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- **Confidentiality is a must!** As a visitor in the home, you will become knowledgeable about many private matters. This information should not be shared later as the subject of social conversation. It is fine if the volunteer shares with others that he/she is a FIA caregiver, but the identity of the care receiver must remain confidential. ( See page 8)
- **Seeking to influence the care receiver on political or religious matters is inappropriate.** Proselytizing is unacceptable within the FIA program. The caregiver should be free from religious or political pressure from the care receiver as well.
- **The caregiver should never offer advice** on legal, medical, financial, or personal issues. The caregiver must never take sides in the personal problems of a care receiver, especially issues involving the care receiver's family. The caregiver should avoid discussing his/her own personal problems with the care receiver.
- **Listening is perhaps the most important service the caregiver can offer,** as well as the most supportive. Many older people feel isolated and look forward to companionship and good friendly conversation. Having someone take the time to listen to their concerns and acknowledge their feelings can be very validating to the senior.
- **The caregiver has a right to be treated with respect** by the care receiver and their family.
- **The Faith in Action Program Director is available** to discuss any concerns, questions, or comments you may have. Please feel free to contact her.



“We can do no great things,  
Just small things with great love....  
It is not how much you do,  
But how much love you put into doing it.”  
Mother Teresa

## Guidelines for Volunteer Caregiver Services

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### CONFIDENTIALITY

Please respect the privacy of those receiving caregiver services. General observations, insights, and concerns about the care receiver can be shared with the Program Director at any time. Concerns will be followed up on as the situation calls for. The care receiver needs to give permission if information is to be shared with one of his/her family members or caretakers. Caregivers should not discuss confidential information concerning care receivers in circumstances where an unauthorized person may overhear the conversation. Names of care receivers should not be mentioned in social settings but only discussed within the business operations of FIA.

### EMERGENCY SITUATIONS

- ✦ A caregiver should never enter a home when the care receiver does not answer the door. A quick phone call to the care receiver may find that the person simply did not hear the knocking. If the person doesn't answer the phone as well as the doorbell, notify the FIA office. If the office is closed, the caregiver should call the emergency number given on the FIA office answering machine. If the emergency contact person does not know the whereabouts of the care receiver, contact local law enforcement. Explain the situation and ask if they could do a wellness check on the care receiver.
- ✦ In an emergency situation, call your local ambulance by calling 911.
- ✦ Remember, decisions regarding the care receiver's welfare are to be made by the person or by their family, not by you.
- ✦ If the care receiver's health is gradually deteriorating or there is evidence of abuse contact the FIA Program Director.

### Crisis Plan

In the event of any occurrence which involves a life-threatening situation, fatality, or other situation that might cause news media interest the following procedures shall be followed immediately:

- ✦ Give priority to the protection of anyone injured or take action to reduce danger.  
Notify the Program Director  
Office Number 608-357-2361, toll free 888-340-6582, cell 608-412-0863.
- ✦ Make NO statement (oral or written) which would be interpreted as an assumption or rejection of responsibility.
- ✦ Do NOT give information to any representative of the news media.
- ✦ Do NOT speculate as to the cause, outcome, motive or whatever to anyone.  
Get the names, addresses and phone numbers of witnesses and others involved.

## Guidelines for Volunteer Caregiver Services

### TRANSPORTATION

- ◆ Caregivers who provide transportation services must have a vehicle in proper working condition that is duly licensed and insured. All caregivers who transport care receivers must be at least 18 years of age and have a valid driver's license in the state in which the caregiver resides. Verification of this must be provided to the FIA office.
- ◆ Seat belts must be worn at all times by the driver and passengers. In vehicles equipped with front seat passenger side air bags, care receivers who are frail or small in stature must ride in the back seat when being transported by a caregiver.
- ◆ The caregiver is to call the care receiver a day or two prior to the scheduled appointment to confirm arrangements.
- ◆ The caregiver is to ask the care receiver about any special needs or assistance that may be required.
- ◆ The caregiver should arrange to park as close to a door as possible. Do not park in handicap parking unless proper identification is displayed in the car.
- ◆ Be aware of the physical limitations of the care receiver in regard to climbing steps or walking distances. The caregiver should ask the care receiver if assistance is needed when walking on wet, snow, or ice covered sidewalks. If so, the caregiver should offer his/her arm in the manner of escorting a person.
- ◆ When arriving at an appointment, the caregiver should identify him/herself as a caregiver from FIA who is assisting the care receiver. The caregiver should inquire about the length of the appointment and make arrangements with the care receiver either to wait during the appointment or to return at a specific time. It is advisable that you notify the receptionist of your intent regarding staying with the care receiver or leaving.
- ◆ If the weather is hazardous, reschedule if possible.
- ◆ If the caregiver leaves, he/she should meet the care receiver at the same place the care receiver was left and at the agreed upon time.
- ◆ Under no circumstances should a caregiver operate a vehicle that is owned by a care receiver.



### LIGHT HOUSEKEEPING

- ◆ In the initial home visit, the Program Director works with the care receiver to outline the specific cleaning tasks that are being requested.
- ◆ The caregiver should telephone the care receiver to arrange a day and time for the housekeeping services. The care receiver should be reminded to have adequate cleaning supplies available.
- ◆ We recommend the caregiver wear latex gloves when cleaning to protect against transmission of disease. The program provides gloves for volunteers upon request.
- ◆ The caregiver should do only light housekeeping. A volunteer caregiver is not expected to do heavy cleaning such as moving furniture, cleaning refrigerators, or washing walls.



## Guidelines for Volunteer Caregiver Services

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### RESPIRE

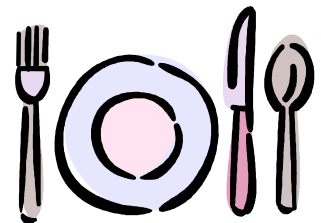
**Respite care is in-home supervision and companionship to provide short-term relief for the primary caregiver from their care-taking responsibilities.**

- The caregiver should telephone the family caregiver, or person receiving respite, the day before the visit to confirm the time of the visit.
- Spend a few moments with the family caregiver to determine any special needs for the care receiver for that day.
- If the family caregiver is to leave the home, obtain a list of places and phone numbers where the individual can be reached in the event of an emergency.
- Any medication that the care receiver is required to take while the caregiver is present should be pre-measured and ready for self-administration. The caregiver should not administer drugs.
- The caregiver should be aware of any notable changes in the physical ability or mental health of either the family caregiver or the care receiver. Notify the FIA Program Director of these changes.
- As directed by the family caregiver, the caregiver may prepare meals to be served to the care recipient, as needed.

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### MEAL PREPARATION

- The caregiver should call or visit the care receiver and discuss the type and extent of assistance needed for meal preparation.
- The caregiver must discuss food allergies and special dietary needs with the care receiver.
- The caregiver should clarify with the care receiver what ingredients will need to be available and who will do the shopping for these food items.



## Guidelines for Volunteer Caregiver Services

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### SHOPPING FOR A CARE RECEIVER

- The caregiver should arrange a day and time for the shopping trip with the care receiver.
- The care receiver needs to notify the caregiver, at the time arrangements are made, regarding the stores the caregiver needs to visit to accomplish the shopping tasks.
- The caregiver should make sure that the care receiver makes a shopping list that includes specifics on items to be purchased such as brand names and sizes of products. If assistance in preparing a shopping list is needed, the caregiver can do this.
- The caregiver should ask the care receiver about preferences on items not in stock. (Should another brand be purchased or should the item be omitted?)
- The caregiver should find out if the cost of the item is more important or if the brand is more important. (Can a less expensive brand be substituted for the one listed?)
- Upon return to the care receiver's home, the caregiver should give the care receiver the store receipts and change.



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### SHOPPING WITH A CARE RECEIVER

- The caregiver should telephone the care receiver to make arrangements for the shopping trip.
- A shopping list should be prepared by the care receiver prior to the trip. If assistance in preparing a shopping list is needed, the caregiver can do this.
- The caregiver should let the care receiver know how many stores they will be going to, which stores will be visited, and the approximate length of time of the shopping trip at the time arrangements for the trip are made.
- Before leaving the care receiver's home, the caregiver should ask if the care receiver has everything needed (shopping list, money, checks, credit cards, coupons, prescriptions, etc.) for the shopping trip.
- The caregiver should ask the care receiver how much assistance is needed. (Does the care receiver need someone to accompany him/her in the store or should the caregiver return at a specified time?)
- The caregiver should offer to carry packages into the house for the care receiver and offer to assist with unpacking and storing purchases.

## Guidelines for Volunteer Caregiver Services

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### FRIENDLY VISITING

Some area seniors are homebound or very isolated and a regular friendly visit provides some much needed companionship. Time can be spent with the senior visiting, playing cards, doing crafts, reading out loud, going to a movie, cooking, etc. Your visit may be a high point in this person's week.



### TELEPHONE REASSURANCE



Faith In Action can make regularly scheduled phone calls during the day at a set time. The care receiver should notify the FIA office about the purpose and the need for the phone reassurance. FIA caregivers can call just to check up on care receivers, giving our care receivers the assurance someone is looking out for them.

### SMALL FIX-IT JOBS

Occasionally, the FA office receives a request from a senior for help with a small fix-it job. Caregivers have helped seniors with a variety of projects such as mounting hand railings, installing a handicap ramp, and programming a phone for the blind. The caregiver needs to clarify with the senior if he/she has the tools needed for the job or if the caregiver will be providing the tools. Also clarify who is purchasing the materials needed for the project.



### YARD WORK/SHOVELING



Help with seasonal outside chores such as raking leaves and shoveling snow is a frequent request from area seniors. Tasks such as raking can be done by small groups. The caregiver needs to clarify with the senior if he/she has the equipment needed or if the caregiver needs to provide the rake/shovel, etc.

For caregivers who are providing shoveling, we encourage them to get the senior shoveled out by 10:00 the morning after a snow fall. Even if there is only a dusting of snow or layer of ice, the caregiver should be available to clear or salt the walks to keep them ice free.

## THE AGING PROCESS

At birth, we all begin to experience the process of aging. When we think of growing older, we form images of drastic changes in our physical, sensory and mental processes. In reality, the process of aging is not a uniform experience. Heredity, physical environment, diet, work and leisure patterns are just some of the factors that affect the way each individual ages.

The following are some of the common changes in physical, sensory, and mental functioning that older people experience. It is important to recognize that growing older does not mean we all will be faced with all of these changes. However, each of us can expect some of these changes to be a part of our individual aging process.

### PHYSICAL CHANGES

The aging process brings physical changes in appearance, organ functioning, coordination, strength, and many other areas. These physical changes not only increase our vulnerability to disease and accidents, but also affect the way we are perceived by others. Here are some of the most common changes older people experience in physical functioning:

- **Skin**-The skin becomes more wrinkled and rough and is more vulnerable to bruises, dryness and loss of hair.
- **Posture and Height**-Compression of spinal discs as well as muscular loss may result in bent posture and loss of height.
- **Teeth**- Eating and digestion of food can be affected by loss of teeth or poorly fitting dentures.
- **Muscular Strength**-Decrease in muscle fiber which can result in loss of strength and increased problems with coordination.
- **Bones and Joints**-Experience of boneloss, increased thinning of bone walls, and stiffening of joints lessen mobility.
- **Circulatory System**- Often a reduced circulation of blood to the brain and heart, thus many experience heart disease.
- **Overall Health**-Often changes occur in the functioning of the kidney, prostate, respiratory, digestive, or nervous systems. Despite all of these health changes, over two-thirds of the elderly population rate their health as "good" or "excellent"!

### SENSORY CHANGES

The five senses of hearing, vision, touch, smell, and taste help us understand and relate to the world around us. Listed below are some of the sensory changes experienced by older people.

**Hearing**—Hearing impairment is one of the most common sensory changes experienced by the elderly population. Impaired hearing is more than just a physical problem. It affects people's ability to communicate with others, isolates them from sounds of warning (fire alarms, telephones), and diminishes the enjoyment of sound-oriented activities (music, conversation). Experiencing hearing loss can be very disheartening for hearing-impaired individuals. It may cause an individual to withdraw from participation in life's activities because of the difficulties it creates in communicating with other individuals. When making arrangements with a hearing-impaired person, write out important facts such as times and pertinent details.

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## THE AGING PROCESS CONT...

**Vision**—Changes in vision affect older people's sense of control over their lives. Not all visually-impaired people are totally blind. Some have limited amount of usable vision; others have vision that varies from time to time. The visually-impaired person should assist in planning whatever aid they require with the caregiver. As individuals, some need more help than others. Encourage independence, but be aware that newly-blind people may be quite frightened, while persons who have been blind for some time may be quite independent. Lack of vision doesn't mean inability to communicate. Speak naturally. When greeting a person with severe vision loss, always identify yourself. Never make a home visit without calling ahead.

**Touch**—Sensitivity to touch tends to decline. This affects an individual's ability to detect pain. Because pain often warns of a problem, the decline in the sense of touch can have severe consequences.

**Taste**—The ability to taste qualities of sweet, salt, bitter, or sour tends to decline. Most people over 65 years of age have lost up to 50% of their taste buds. Older people tend to want more seasoning in foods in order to increase their eating enjoyment.

**Smell**—There seems to be little change in the sense of smell, although some decline is experienced. Diminished sense of smell can affect a person's ability to detect odors, such as smoke or spoiled foods.

Although the sense of smell and taste are often viewed as less critical to one's safety, they add greatly to a person's interest in food and enjoyment of eating.

### CHANGES IN MENTAL FUNCTIONING

Elderly people are often described as forgetful, set in their ways, unable to think, or cranky. However, when people take time to get acquainted with older people, they realize that these assumptions are far from accurate. Here are some of the changes in mental functioning that occur in the normal aging process:

- ◇ **Intelligence**—more time may be needed to learn a new task or skill.
- ◇ **Memory**—there is some loss of short term memory. It's often easier for the aged to recall events from the past.
- ◇ **Speed**—response time decreases with age. It is often difficult for an elderly person to process more than one thing at a time.
- ◇ **Personality**—is the most stable of the various aspects of aging. Major changes reflect on other factors (illness, etc.)
- ◇ **Attitudes**—due to gained wisdom through experience, older people tend to have a more stable self-concept and a more complete sense of identity.

### MENTAL IMPAIRMENT

When an elderly person displays signs of forgetfulness, confusion, or deep withdrawal, they are often labeled as being "senile". It is often assumed that senility is a normal part of growing old. However, senility is not a description of a particular condition of any kind. Symptoms associated with senility may be due to a variety of different causes including disease, emotional problems, adjustments, changes in life, etc. Drastic changes in mental functioning such as those associated with the word senility are not normal, and a person displaying these symptoms should get medical attention. Many such conditions resulting in negative mental changes are treatable and overlooking them could lead to permanent or irreversible brain damage.

## Alzheimer's Disease Fact Sheet

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### Definition and Scope

Alzheimer's disease is an irreversible and progressive disease that attacks the brain; it impairs memory, disrupts thinking, and alters behavior. Almost 4 million American adults are affected by the disease. This is the fourth leading cause of death in adults, after heart disease, cancer, and stroke. Approximately 80,000 Wisconsin adults have the disease. At the present time, there is no known cause or cure for Alzheimer's disease. It occurs in both sexes, all races, and in all social and economic backgrounds. It most commonly occurs in persons over the age of 65; however, it can strike a person in their 40's or 50's.

### Symptoms

The onset of the disease is gradual; it progresses in predictable stages. First symptoms include forgetfulness, disorientation, and personality changes. Gradually, the ability to perform routine tasks diminishes and motor skills decline. Those affected lose their way to familiar places, forget names of family and friends, and lose verbal and reading skills. Eventually the disease leaves people totally incapable of caring for themselves. Many are cared for at home by their families, but often nursing home care becomes necessary. The progression of the disease varies widely between individuals.

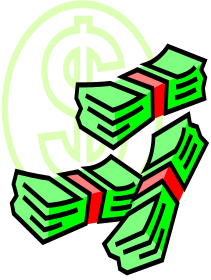


### Diagnosis

At this time there is no single test to identify Alzheimer's Disease, but a combination of carefully selected tests by a competent physician can give diagnosis with a high degree of accuracy. These tests include complete physical and neurological exams, psychiatric assessment and a detailed medical history. Clinical testing may include blood work and urinalysis, an EEG, EKG, and CT scan, mental status testing, and other tests. All tests are important in eliminating or identifying other diseases or aging disorders which resemble the symptoms of Alzheimer's Disease and may be curable. Family members can aid physicians by verifying changes in the person's behavior, memory, and attitude. The only definite test for Alzheimer's Disease at the present is a brain biopsy after death.

### Treatment

There is not a treatment to stop or reverse the progress of Alzheimer's Disease. However, a victim's anxiety and agitation can often be moderated through behavior management and medication. Good nourishment, carefully guided exercise, and activities that are mentally stimulating and satisfying can contribute to the quality of life for both the patient and the caregiver.



## MONEY & GIFTS

*\$ Do not accept money or gifts of monetary value. The giving of small tokens of friendship and appreciation is acceptable. If a care receiver is insistent, encourage the person to make a donation to the Faith In Action Program.*

*\$ Do not deposit cash in banks, offer financial advice, or seek to manage the care receiver's money in any way.*

*\$ If you are doing errands in which purchases are made with cash provided by the care receiver, be sure to return the receipts and remaining cash with the purchases.*



## ELDER ABUSE OR NEGLECT

Possible reasons to refer a person for assistance are listed below. Make referrals to FIA Program Director at 608 357-2361.

### PERSONAL APPEARANCE

Neglect in the area of self-care is often a sign that the older person is experiencing difficulties. A caregiver may notice the following: unkempt appearance, inappropriate clothing for the weather, poor hygiene, dirty clothes, etc.

### CONDITION OF HOME

The appearance of an older person's residence may reflect an inability to care for self or loss of interest. Caregivers may notice the following: exterior/interior of home in poor repair, old newspapers lying around, little or no food, calendar on wrong month/year, strong odors, pets appear neglected, garbage piled up, sidewalks unshoveled, etc.

### MENTAL STATE

The following mental states can seriously undermine an older person's ability to cope and function. Caregivers may notice the following: confusion, disorientation, inappropriate responses, forgetfulness, repetitiveness while talking, hallucinations, change in personality, etc

### EMOTIONAL STATE

Caregivers may notice the following: decreased appetite, difficulty sleeping, nervous or fidgety behavior, irritability, anger, hostility toward self or others. A recent loss due to death or separation can dramatically affect the person's emotional state.

### PHYSICAL LOSSES

Physical changes or losses, and chronic or acute illness can sometimes affect the older person's emotional or mental status as well as their physical state, and impair their ability to function. Caregivers may notice the following: loss of hearing or sight, chronic or acute physical illnesses, decrease in mobility, loss of bowel or bladder control, etc.

### SOCIAL PROBLEMS

Isolation can profoundly affect an older person's well being. Caregivers may notice the following: homebound, lack of social relationships, no support from family or friends, alcohol or other drug abuse, etc.

### PERSONALITY CHANGES

Personality changes may indicate the onset of physical, mental, or emotional problems. Caregivers may notice the following: marked change in a person's attitude, depression, irritability, increased suspicion of others, unusual or bizarre behavior, etc.

### ECONOMIC PROBLEMS

Economic problems create a variety of hardships for elderly people. Caregivers may notice the following: inability to manage finances, no means of financial support, decrease in income, forgetting to pay bills, etc.

# Acceptance of Caregiver Handbook

I acknowledge that I have received the Faith In Action, Crawford County Caregiver Handbook. I understand that it is my responsibility to read and understand it. Should I have any questions about or not understand any portion of the Handbook I will discuss them with the Program Director before signing below. This Handbook is not an expressed or implied contract.

Changes, additions or deletions may be made to this Handbook at anytime.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

## Consent for Interview/Photographs/Videotapes/Recordings

The undersigned agrees that my story, photo, performance, name and voice may be used by Faith In Action for commercial, educational and /or promotional purposes (strike those that do not apply.)

I grant Faith In Action the unabridged right to use and display my story, photo, performance, name and voice.

I release Faith In Action and its staff from any liability resulting from the use of my story, photo, performance, name and voice.

Materials may be retained for an indefinite period (unless otherwise specified) in Faith In Action's photo libraries for potential future use in programs or projects where it may be applicable.

I certify that I am over the age of eighteen, or that I am the parent or legal guardian of the named minor.

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

\_\_\_\_ Story/Photo/Video/Recording may be reserved on file by Faith In Action and possibly used again.

Name ( Please Print): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Faith In Action Representative: \_\_\_\_\_



# Acceptance of Caregiver Handbook

## Acknowledgment of Acceptance of Caregiver Handbook

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As a caregiver with Faith In Action, I give permission to use my picture in publicity or promotional materials for the program.

Changes, additions or deletions may be made to this Handbook at anytime.

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Caregiver Signature

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Date

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Program Director Signature

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Date

## Persons interested in participating in any program

or receiving information or services should call

Faith In Action at 608-357-2361 or 1-888-340-6582.

More information is available on the Faith In Action website  
[www.faithinactioncc.com](http://www.faithinactioncc.com).