

2024

Dear prospective clients and caregivers,

We are thrilled to introduce a unique program that offers a day of entertainment and fun to seniors with age-related challenges while offering respite time to their caregivers.

Our Harmony Club (OHC) is a non-profit social day program that provides socialization, crafts, games, exercises, music and bingo. Lunch is included and prepared by our wonderful Volunteers. With over eighty volunteers, caregivers can rest assured that their loved one's happiness and safety is our number one priority.

As a 501(c)3, we rely on donations, client fees, and fundraisers to make our program a success. With donations we can keep the program affordable at just \$45 dollars per club. Club fees are prepaid the month before attendance. The club schedule is flexible. Make-up days are available.

OHC will support the caregivers by offering affordable alternative care through our social day program, in addition to any home care you may already have in place. Each month you can choose the days that fit into your schedule best.

Deciding to trust others with your loved one can be a scary decision. We will do our best to make this transition a safe and fun experience. Thank you for choosing us! We look forward to meeting you and your loved one

Sincerely,

Dawn Vlach

Our Harmony Club Director



Welcome to Our Harmony Club

General Information

Our Harmony Club hours are from 9:30 AM to 3:30 PM. The cost for each club is **\$45.00 for the entire day**, which is lunch and small snacks. We are not able to pro-rate for less than the full 6 hours. Guests enjoy themselves by reminiscing about the “old days,” working on crafts, doing puzzles, taking part in sing-a-longs, or just simply spending time together.

*Transportation to and from Our Harmony Club is the responsibility of the caregiver.

Program Limitations

Neither the Director of Our Harmony Club Inc., nor the volunteer site coordinator, nor volunteers are medically trained. In case of the need for medical service, staff will call 911. Any charges associated with this action are the sole responsibility of the guest and/or caregiver.

Billing

Our Harmony Club Inc. is a **prepaid** program. Each month you will receive a letter with information and a calendar. It is important that you fill out the enclosed form and return it with your payment by the due date. Credits will not be issued for clubs missed but we will offer you the choice to make up missed days during the same month. We understand that emergencies and illnesses happen, and we will take these things into account.

Infection Control

- To prevent illnesses, we encourage guests and volunteers to often wash or sanitize their hands.
- If the guest is not feeling well on Our Harmony Club Day, please have them stay at home to prevent the spread of infection.

Weather The cancellation of Our Harmony Club Inc. due to severe weather is based upon the **Racine Unified School District's** determination. If **Racine** schools are cancelled, or have a delayed start, all clubs will be cancelled. This information is available on the local television stations. Please do not drive in weather in which you do not feel safe driving into.

Absence

If the guest is unable to come to Our Harmony Club on your scheduled day, please call the Director at 262-880-5301 and let her know. It is your responsibility to cancel any transportation that you may have set up.

Contact Information

If the guest's contact information or medication changes at any time during the time they are attending Our Harmony Club, please let the Director know at once.

Confidentiality

Please be sensitive when sharing personal information about another individual with other caregivers or guests. Do not disclose any confidential information without the consent of that individual or individual guardian.

CAREGIVER AND GUEST RIGHTS

- The caregiver and guest have a right to have the information shared with Our Harmony Club Inc. Director, site coordinators, and volunteers remain confidential. This will protect everyone's confidentiality. A violation of this policy can result in the discharge of the individual from all Our Harmony Club locations.
- Any type of abuse, subtle or otherwise, will not be tolerated. Volunteers should be aware of their response to guests and caregivers.
- Any indications of indifference, or rejection will not be tolerated.
- Speaking about a guest in front of him/her as if he/she is not present will not be tolerated.
- Any concerns a caregiver/ guest has should be reported to the Director.
- It is particularly important that our guests, caregivers, and volunteers feel welcomed, respected, and comfortable at our clubs.

Our Harmony Club Acceptance Criteria

Policy: Acceptance into Our Harmony Club will be based upon the guest meeting the criteria set up for this club.

Purpose: Is to ensure the care of guests does not exceed the capabilities of the volunteers and the intent of our program.

Procedure: The Director, or a representative of Our Harmony Club Inc. will schedule a “meet and greet” for potential guests before attending the first club. A pre-payment of \$45 dollars for the first day of the club will be collected.

1. The ability to be up in a chair while at club.
2. The ability to bear weight and transfer independently or with minimal assistance of one person.
3. The ability to manage toileting independently or with minimal help. The guest must provide supplies if needed.
4. The ability to control behavior, including challenging or inappropriate behaviors or behaviors that could endanger self or others. Guests may not use abusive verbal comments to the staff or volunteers or physically threatening behaviors such as swinging arms when in discussion with volunteers or staff. Incidents will be included in reports to the family and guests will not be allowed to return.
5. The ability to take medications independently or with verbal reminders only.
6. Our club is unable to accommodate guests wishing to smoke during club hours.
7. We strongly discourage bringing cell phones to club.
8. Guests do not have to take part in all activities but must not require 1 to 1 supervision for the greater part of the day.
9. All guests are asked to bring in a “go bag” containing socks, shirts, pants, underwear/depends, wipes, gloves and 2 plastic bags for soiled clothing, (1 for clothes, 1 for trash).

***If it is found that Our Harmony Club Inc. Is no longer a suitable setting for the guest, the guest and the caregiver will be notified at once. Every attempt will be made to offer resources which better meet the needs of the guest. The guest and/or caregiver are responsible for reporting any changes to the Director.**

***Our Harmony Club Schedule as of December 31, 2024. We will update you as more clubs open.**

MASTER CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday
No Club	Lord of Life 5601 Washington Rd. Kenosha	St Joseph's 6068 Water St. Lyons, WI	St. Richard's 1503 Grand Ave. Racine	No Club
St. Sebastian's 3030 95 th St. Sturtevant	New Life Church 5927 37 th Street Kenosha	St Joseph's 6068 Water St. Lyons, WI	St. Richard's 1503 Grand Ave. Racine	No Club
St. Sebastian's 3030 95 th St. Sturtevant	Lord of Life 5601 Washington Rd. Kenosha	St Joseph's 6068 Water St. Lyons, WI	St. Richard's 1503 Grand Ave. Racine	No Club
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(Clubs are subject to change. Prior notice will be given. We do not meet on holidays.)

Dawn 262-880-5301 // Anna Callan 414-418-3097

Our Harmony Club Guest Information Sheet

Guest Name _____ Birthdate _____ 19 _____

Guest prefers to be called _____

Guest lives where or with _____

Race _____ (this is used for funding statistics only)

Caregiver's Full Name _____ Birthdate _____ 19 _____

Address _____

City _____ Zip _____

Phone Number () _____ Cell Phone Number () _____

Relationship to guest _____

E-mail address _____

Emergency Contact: (1) _____

Secondary Emergency Contact _____ Phone: () _____

Tell us about your loved one!

Medical Diagnosis: _____ Do you want your loved one a do not resuscitated? __ YES/NO ____

DNR paperwork _____ DNR bracelet or necklace _____

Is the guest diabetic? __ YES/ NO ____ Insulin __ YES/ NO ____ Diet controlled __ YES/ NO ____

Allergies to food: _____ or anything else? _____

Any tendencies to wander? _____ please explain _____

Any prescription medication to be taken at the club? Yes or No. Time taken _____

Please supply a current list* of all medications. This information is needed for emergencies.

***MEDICATION INFORMATION IS REQUIRED* If your loved one has a DNR status, (Do not resuscitate), a copy of the form must be in our files in case of emergency.**

SEE US FOR WHO WE ARE

Our Harmony Club wants to know the person they are. We want to offer them an opportunity to share their life stories and embrace their past, present, and future in an environment where they feel safe, productive, and appreciated. We want to focus on what they enjoy doing and can do. It is about creating warm, caring relationships.

Birthday _____ City Born in? _____

Languages _____

Mother's Name _____ Father's Name _____

Siblings? Brother or Sisters names _____

Spouses Name: Widow Divorced Single Married _____

Any children? names _____

Any Grandchildren? names? _____

Any Great Grandchildren? Names? _____

Cities I have lived in _____

Signature and Acknowledgement Page

By signing this agreement, the guest and his/her caregiver agree to hold Our Harmony Club, Inc. and its employees and volunteers harmless from all liability because of services given or not given. In addition, Our Harmony Club, Inc. is not liable for the actions of other Our Harmony Club guests aside from what would be expected or is required by law such as: notification to caregivers, legal authorities and contacting emergency services if needed.

Agree Do Not Agree

Confidentiality

Understand that I should not show any confidential information to others without the consent of the individual involved.

Agree Do Not Agree

Web Media/Photography/Image/Artwork Release

I, the signatory, being of legal age, agree that photographs, motion pictures and/or videotape recordings made of me/or any artwork I have produced through Our Harmony Club, Inc. programming and with my consent, may be used by Our Harmony Club, Inc., or its successors or assigns, for promotional/publicity purposes, without compensation therefore being paid or due me for this release and the photos, film and/or recordings made.

I also agree that Our Harmony Club, Inc., and its agents and assigns shall not be held responsible for unintended errors in connection with the above.

Agree Do Not Agree

I have read, understood, and agreed to the Our Harmony Club Guest Agreement

Guest's Signature (if able) 

Guest's Printed Name

Today's Date

Caregiver's Signature

Printed Name, Relationship

Today's Date

Pets _____

—

Favorite Sports teams _____

What sports did I play _____

My favorite food _____

Foods I do **not** like _____

Retired from? _____

Hobbies and interests _____

Activities _____

Travel or vacations? _____

Military service _____

Music, I enjoy _____

Schools Attended _____

Notes: