



**MISSION:** *We care for and about each other by supporting caregivers and those they are caring for. We are volunteer based and promote and enhance the quality of life for all.*

Dear Friends:

June 2022

*Welcome to Our Harmony Club!*

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

**Our Harmony Club (OHC) is a non-profit social day program that allows for socialization, crafts, games, exercises, music, and bingo.** Volunteers prepare a nutritional lunch. With over one hundred volunteers, caregivers can rest assured that their loved one's wellbeing is our priority,

As a 501(C)3, we rely on donations and fundraisers to make the program a success.

With donations we can keep the program affordable at just \$40.00 per club. Club fees are prepaid the month prior to the month of 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*

Director, OHC

### **General Information**

Our Harmony Club hours are from 9:30 AM to 3:30 PM. The cost for each club is **\$40.00 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.

### **Severe 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 Our Harmony Clubs Inc. sites are also cancelled. This information is available on the local television stations. Please do not drive in weather in which you do not feel safe driving

### **Absence**

If the guest is unable to come to Our Harmony Club on your scheduled day, please call Dawn at 262-880-5301 or Danielle at 254-318-2534 and let them know. It is your responsibility to cancel any transportation that is 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 have 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 interview potential guests and/or family members/caregivers for acceptance into the club based on the following criteria:

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. Supplies include gloves, wipes, incontinent supplies, extra pants, and plastic bags to dispose of waste products.
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. 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.
8. All guests are asked to bring in a "go" bag containing socks, 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.

# MASTER CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday
No Club	<b>Lord of Life</b> 5601 Washington Rd Kenosha	<b>St Joseph's</b> 1540 Mill St. Lyons, WI	<b>St. Richard's</b> 1503 Grand Ave. Racine	No Club
<b>St. Sebastian's</b> 3030 95thSt. Sturtevant	No Club	<b>St Joseph's</b> 1540 Mill St. Lyons, WI	<b>St. Richard's</b> 1503 Grand Ave. Racine	No Club
<b>St. Sebastian's</b> 3030 95 <sup>th</sup> St. Sturtevant	<b>Lord of Life</b> 5601 Washington Rd Kenosha	<b>St Joseph's</b> 1540 Mill St. Lyons, WI	<b>St. Richard's</b> 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 // Danielle 254-319-2535**

# 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 \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## ***Tell us about your loved one!***

**Medical Diagnosis:** \_\_\_\_\_ Is she/he a DNR (do not resuscitate)? \_\_\_\_\_

DNR paperwork \_\_\_\_\_ DNR bracelet or necklace \_\_\_\_\_

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

Allergies to food: \_\_\_\_\_

Any tendencies to wander? \_\_\_\_\_ please explain \_\_\_\_\_

Any medication to be taken at the club? YES/NO Special needs: \_\_\_\_\_

Have you received the vaccine for Covid 19, YES/NO? Have you received a Covid 19 booster YES/NO?

**Please supply a current list\* of all medications. This information is needed in an emergency.**

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**\*MEDICATION INFORMATION IS REQUIRED\* AND DO NOT RESUSCITATE FORM**

## **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 disclose 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver's Signature

\_\_\_\_\_  
Printed Name, Relationship

\_\_\_\_\_  
Date

## SEE US FOR WHO WE ARE

At Our Harmony Club, we want to know the person we are caring for, who they truly 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

Your Name \_\_\_\_\_ Prefers to be called? \_\_\_\_\_

Birthday \_\_\_\_\_ City Born in? \_\_\_\_\_

Languages \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Siblings \_\_\_\_\_

\_\_\_\_\_

Spouses Name \_\_\_\_\_

Children's names \_\_\_\_\_

\_\_\_\_\_

Grandchildren's names? \_\_\_\_\_

Any Great Grandchildren? \_\_\_\_\_



Name \_\_\_\_\_

Cities I have lived in \_\_\_\_\_

Pets \_\_\_\_\_

Favorite Sports Teams \_\_\_\_\_

\_\_\_\_\_

What sports did I play \_\_\_\_\_

My favorite food \_\_\_\_\_

Foods I do **not** like \_\_\_\_\_

Work History \_\_\_\_\_

\_\_\_\_\_

Hobbies and interests \_\_\_\_\_

\_\_\_\_\_

Activities \_\_\_\_\_

Travels or vacations, I took \_\_\_\_\_

\_\_\_\_\_

Military service \_\_\_\_\_

Music, I enjoy \_\_\_\_\_

Schools Attended \_\_\_\_\_

Employment History \_\_\_\_\_

Retired From \_\_\_\_\_