

Checklist for Agreements for Contracted Services¹

An alternative to hiring staff for a service program is to contract with a community-based organization to provide services on-site. Making sure a good contract is in place can help avoid confusion and prevent problems later on.

A good contract will provide a clear description of the work to be performed in enough detail so that everyone understands what is included just by reading the contract. The total cost and the basis for the fee should also be included, as well as payment terms and ownership rights.

One area that is often overlooked is an exit strategy to identify how, when, and by whom the contract can be terminated, and what processes are involved in that termination.

The following simple checklist can help make sure that agreements for contracted services solve problems rather than create new ones:

1. Name of parties to the agreement.
2. Beginning and end dates of contract.
3. Number of hours and specified period of hours for service delivery.
4. Rate of pay and financial terms for services.
5. Number of staff hired/contracted.
6. Job descriptions with duties/services to be performed and reporting relationships to site management and contractor.
7. Scope of work with goals and objectives to be met and process for measuring success.
8. Location of office(s) and where services will be performed.
9. Storage and access to files.
10. Responsibilities and relationship of contractor and project site.
11. Parties responsible for and the conditions under which the agreement can be terminated.
12. Processes involved at conclusion or termination of the contract, specifying what the service provider must furnish to the management agent to ensure a successful transition (i.e. transition assistance, files, procedures, data, and other items the service provider uses to deliver services, time frame within which the transition will occur).
13. Name, title, dated signatures of parties' authorizing the agreement.
14. Specific Requirements related to Human Resource policies and procedures concerning the individual background(s) of those providing the direct services (Act 33/34 releases, criminal, etc.)

¹ Adapted from Schults, Andrew, Council on Foundations, 2002

Agreement for Contracted Services

THIS Agreement is entered into this ____ day of _____, 20____ by and between _____ the _____, having its principal office and place of business at _____, PA _____ (hereinafter referred to as "service provider"), AND _____, on behalf of _____ site _____, a housing development having its principal office and place of business at _____, PA _____ (hereinafter referred to as the "Development").

WHEREAS the Development wishes to provide service coordination to the residents of the Development, and the Service Provider has the capability to provide these services, as outlined below,

NOW, THEREFORE, in consideration of the promises herein made, one to the other, and fully intending to be legally bound thereby, the parties do hereby agree as follows:

1. **SCOPE OF SERVICES:**

- The Service Provider will provide on-site staffing to work at the Development no less than ____ hours per week on a schedule determined by Management of the Development. If the Service Provider finds it necessary to change on-site staffing during the term of this agreement, the Development must approve such changes.
- The Service Provider will provide all supervision, orientation, and continuing education for the on-site service coordinator. *(Alternatively, specific training for the on-site service coordinator may be arranged and paid for by the Development for example Senior Properties should consider pursuing the Certificate in Elder Services Coordination (CESC) in partnership with California University of PA and PHFA.)*
- The Service Provider will work with Management to develop a plan of services that addresses issues identified by the Development. The plan of services will be based on resident and management input and address identified asset management and resident issues. Such plan will be approved by the Development.
- The Service Provider will meet all identified reporting requirements (e.g. the Development, PHFA, HUD...). Supervision of on-site staff will be performed by Service Provider with a collaborative relationship established between service staff and Development staff.
- The Service Provider will fulfill duties of attached [service coordinator] job description. [Basic duties include being a liaison with community-based organizations, improving resident access to services, entitlements, and other benefits, developing new or leveraging existing resources to improve on-site services, meeting with residents individually to assess current needs and abilities, assisting with monthly newsletter, assisting with organization of resident council, if so desired.]
- The Development will provide a private office, locking files, computer, and telephone for the exclusive use of the on-site service coordinator.

2. **COMPENSATION:**

The Development will pay the Service Provider a total cost not to exceed \$_____ per year. This cost will be billed to the Development monthly based on the number of hours actually worked at a rate of \$_____per hour.

This rate of compensation will be inclusive in covering costs of personnel, supervision, orientation, and continuing education of personnel.

3. **SCHEDULING**

The Development and Service Provider will mutually agree on a regular weekly schedule of _____ hours per week for the Service Coordinator to be on-site.

4. **TERMS**

This Agreement will be in effect from _____, 20____to _____, 20____This Agreement is not to be renewed or extended except by written agreement signed by both parties on or before _____, 20_____.

5. **TERMINATION**

This Agreement may be terminated for any reason by either party with a minimum of 30 days notification. Upon termination of this agreement, all equipment will revert to the Development, excluding those items specifically brought to the property paid for by the Service Provider. Resident records will be maintained by the service provider for a period of 5 years beyond the termination of this agreement.

6. **JURISDICTION**

This Agreement will be interpreted and controlled pursuant to the laws of the Commonwealth of Pennsylvania.

7. **SEVERABILITY**

If any part of this Agreement is determined to be illegal, unconstitutional, or otherwise invalid by any Court having jurisdiction hereof, the parties declare it to be their intent that all portions hereof, except as so determined, will be adhered to and legally binding on each of them.

8. **MODIFICATION**

This agreement may only be modified by written document(s) signed and dated by authorized officers of each of the parties hereto.

WITNESS HEREOF, the parties have caused this Agreement to be executed over the signature of authorized officers of each party, the day and date first above written.

ATTEST:

“SERVICE PROVIDER”

OFFICE: Executive Director

BY: _____
OFFICE

ATTEST:

“DEVELOPMENT”

BY: _____

EXAMINED AND APPROVED THIS _____ DAY _____, 20--

Referral to Service Coordinator

Referral from: Management Maintenance Other _____

Reason: Move-in Move out Referral for Services

Date of Referral: _____

Resident Name: _____ Apt.: _____ Phone: _____

Reason for Referral (other than move-in or move-out): _____

Signature of person making referral: _____

Follow-up by Service Coordinator

Date Received by Service Coordinator: _____

| Date | Action |
|------|--------|
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Outcome of Action/Agreement Reached with Resident: _____

Service Coordinator Signature: _____ Date: _____

Resident Survey Form for a Senior Development

I need your input to help improve the availability of services!

As the service coordinator at _____ I need to know what services our residents may currently be using and what types of services you would like to use.

I have prepared a questionnaire for you to complete. Your response will help me better perform my job, which means better service to you. It is extremely important that all residents respond.

Please take a few minutes and complete this questionnaire and deposit it in the box on the first floor. It should be returned by _____

If you need help completing this survey or have any questions, please visit or call me at _____ (list days and times).

Sincerely, Service Coordinator

Please note that all information will be kept confidential.

Circle **Yes** or **No** in each of these columns:

| Service | Would you use these services if they were available? | | Would you be willing to pay for the service? | |
|--|--|----|---|----|
| | Yes | No | Yes | No |
| Help with routine household chores | Yes | No | Yes | No |
| Help with “deep cleaning” household chores | Yes | No | Yes | No |
| Help with meal preparation | Yes | No | Yes | No |
| Help with shopping | Yes | No | Yes | No |
| Help with bathing/grooming or dressing | Yes | No | Yes | No |
| Community dining | Yes | No | Yes | No |
| Help with completing Medicaid/Medicare forms | Yes | No | Yes | No |
| Assistance with banking | Yes | No | Yes | No |

| Service | Would you use these services if they were available? | | Would you be willing to pay for the service? | |
|---|--|----|---|----|
| Health Screenings | | | | |
| * Blood Sugar | Yes | No | Yes | No |
| * Podiatrist | Yes | No | Yes | No |
| * Weight | Yes | No | Yes | No |
| * Eye Screening/Glaucoma | Yes | No | Yes | No |
| Transportation: | | | | |
| * Public Transportation | Yes | No | Yes | No |
| * Facility Van | Yes | No | Yes | No |
| Have informative presentations on-site | Yes | No | Yes | No |
| * Please list your suggested topics on the line below | | | | |

Other comments/suggestions/concerns for the Service Coordinator?

All information is confidential.

Can the service coordinator call on you for more information? Yes ___ No ___

NAME: _____

Apt. Number: _____

Resident Survey Form for a Family Development

Name of Development

I would like to take this opportunity to introduce myself to you. My name is _____ [Insert name] and I am the Service Coordinator for _____ [Insert Development Name].

All residents are requested to complete this survey. Your answers will help me to arrange for activities and services that are of interest to you and your family. I encourage and appreciate your response.

Please return the completed survey to me by _____ [insert date]. After I receive your survey, I will contact you to schedule a meeting. I would like to discuss your ideas about programs that should be offered at _____ [Insert Development Name] and give you information about activities that are currently available. Survey responses and our discussions are strictly confidential. Thank you in advance for your participation.

Family Name: _____ Apt. #: _____

1. How many children are in your household?

Girls

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Boys

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

2. Do you have any persons 62+ in your household?

Name: _____ Birthdate: _____

3. Do you need child care and/or day care for your children? Check all that apply:

() day care while parent(s) are working or in school

() after school care for school age children

() evening care when parents are working or in school

() other:

4. Would you like any of your children to participate in an afternoon or evening tutoring program? Please list their names and grade in school.

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

5. The following are some possible programs and activities that we could offer on-site or sponsor off-site. Please number the following choices according to their importance to you. Start with number one (1) for most important and continue to number five (5) for the least important.

- After School Tutoring
- Employment Enrichment Programs
- Gardening
- Holiday/Block Parties
- Resident Council

6. What services would you like to be offered within this community (on-site)?

7. What services or activities would you participate in if they were offered on-site?

8. What do you believe is the best way to get people involved in activities and services on-site?

9. Would you be willing to volunteer time to plan and coordinate activities on-site?

10. Are you interested in participating in a resident council?

11. What kinds of activities would you like to see for the youth?

12. What hobbies or talents do you have that you could share with neighbors or youth?

13. Would you like information on the following services or programs?

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Utility/Fuel Assistance | <input type="checkbox"/> Vocational Training / Career Development |
| <input type="checkbox"/> Child/Day Care | <input type="checkbox"/> Services for the Disabled |
| <input type="checkbox"/> Drug/Alcohol Prevention | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Employment Opportunities | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Education/GED/ Literacy | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Legal Advocacy | <input type="checkbox"/> Translation |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Prenatal Care Services |
| <input type="checkbox"/> Continuing Education | |

14. In your opinion, what are the major problems that exist at the property?

15. What do you think can be done to solve this problem?

16. In your opinion, what are the major benefits to you living at this property?

17. Is property management responsive when you call about problems with the unit or building? Why or why not?

Optional:

- Are you interested in furthering your education? Yes No

- Are you enrolled in any training or academic programs? Yes No
If yes, please list.

- Are you presently employed? Yes No
If yes, what is your occupation/job?

If no, would you like to find a job? Yes No
In what field?

- Are you receiving public assistance? Yes No

**THANK YOU FOR COMPLETING THIS SURVEY
PLEASE RETURN TO SERVICE COORDINATOR'S OFFICE**

Working with Partners in the Community

| Basic Community Resources¹ Community Services, Programs and Activities | |
|---|---|
| Local Businesses | Educational & Employment Programs |
| <ul style="list-style-type: none"> • Grocery stores • Thrift stores • Discount stores • Restaurants • Banks • Utility Providers | <ul style="list-style-type: none"> • Adult school, GED Classes • Colleges and universities • English as a second language (ESL) • Adult Literacy programs • Employment preparation and job placement Computer Skills Training |
| Government Services | Health Care Services |
| <ul style="list-style-type: none"> • City and County departments • Education and employment opportunities • Local libraries and museums • Parks and recreational services • Transportation • Utilities • Police department | <ul style="list-style-type: none"> • Local hospitals, medical clinics, and pharmacies • Community health clinics • Home Health Agencies, Visiting Nurses Associations • Drug and alcohol rehabilitation • Mental health clinics and counseling services • Adult day care centers • Doctors (podiatry & others) |
| Social Service Organizations | Neighborhood Associations |
| <ul style="list-style-type: none"> • Area Agencies on Aging • Senior Centers • Home-delivered meals programs • Food pantries • Financial Counseling Services • Domestic Violence Crisis Centers • Housing information and advocacy • Immigration advocacy • Legal services and advocacy • Community Action Agencies | <ul style="list-style-type: none"> • Churches and Temples • Private organized clubs, leagues, and service organizations • Blockwatch Programs |

¹ Adapted from Page 120. Tull, Tanya. 1998. Beyond Shelter: Service-Enriched Housing. Los Angeles, CA.

PHFA
Housing Services Department
Plan of Services
For the three year period of _____ to _____.
Template

| | |
|----------------------|------------------|
| Site Name & No.: | No. of Units: |
| Plan prepared by: | Date: |
| Site Manager: | Phone: Email: |
| Service Provider/SC: | Phone: Email: |

1. Description of Population and resident needs identified in survey

a.) Population

Describe the existing population in terms of age, frailty, use of existing services and other pertinent factors. If using AASC or Family Metrics extract information from resident statics.

b.) Resident Survey

Attach a copy of the survey or the list of interview questions to this document.

Date of survey:

Type of survey used:

How was survey delivered? :

Where accommodations made? :

Response rate (# of responses divided by # or residents):

Summarize and prioritize the findings of the survey:

2. Description of Management issues

Lease Infractions

Vacancies & Turnover

Occupancy & Marketing

PHFA
Housing Services Department
Plan of Services
For the three year period of _____ to _____.
Template

3. Community and online resources

Based on research identify the community based organizations/websites that may address needs identified in your survey.

| Name of Organization/ Website | Service Provided | Contact Person | Telephone Number/Web Site Link | Describe how organization/ website can meet the needs identified in resident survey |
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PHFA
Housing Services Department
Plan of Services
For the three year period of ____ to ____.
Template

4. Current services provided at the property

| Name of service or explanation of service provided | Date service began at property | Name of person, agency, or group providing the service | Contact Information | Does this service address needs identified in resident survey? |
|---|---------------------------------------|---|----------------------------|---|
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PHFA
Housing Services Department
Plan of Services
For the three year period of _____ to _____.
Template

5. Proposed services, programs and activities

Identify activities, programs or services that will be implemented over the next three years to address resident issues as identified in the survey, but not listed on chart 3 (currently being provided.)

| Name of Service, Program or Activity | Parties Responsible for program and implementation timeline: | How and where will service be provided | The frequency of the program or activity (daily, weekly, monthly, etc) | Will program be available for all residents? (Ideally all residents will be eligible for all services) |
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PHFA
Housing Services Department
Plan of Services
For the three year period of _____ to _____.
Template

6. Proposed Outcomes

For services, programs, or activities as noted for current (Chart 3) and proposed plans (Chart 4.)

| Name of Service, Program or Activity | Resident Participation <i>How will residents be encouraged to participate?</i> | Describe Outcomes <i>What benefits will the individual, family, or community see resulting from proposed activity?</i> | Outcome Measures <i>How will outcomes be measured?</i> |
|---|--|--|--|
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PHFA
Housing Services Department
Plan of Services
For the three year period of ____ to ____.
Template

7. Supportive Services Budget

| Supportive Services Costs | Hrs/wk: | Hourly or Unit Cost | Budget \$ | Source of Funds <i>(Annual Operating Budget, Supportive Services Escrow, Donated)</i> |
|----------------------------------|----------------|----------------------------|------------------|---|
| Supportive Services Salary | | \$ /hr | | |
| Supportive Services Supplies | N/A | \$ /unit | | |
| | | | | |
| | | | | |

8. Staffing

Attach a job title, description, supervisor, and qualifications for staffing.

Include as attachments with your service plan package if applicable:

| | |
|---|--|
| <input type="checkbox"/> Resident Survey | <input type="checkbox"/> Sample Forms to be used in Program Operations |
| <input type="checkbox"/> Job descriptions. | <input type="checkbox"/> Specifications for equipment to be purchased. |
| <input type="checkbox"/> Budget Narrative | <input type="checkbox"/> Contract/MOU with service provider. |
| <input type="checkbox"/> Systems to integrate services into property operating procedures | |

Supportive Services Program Quality Standards

This list of program quality standards provides a framework for the successful development and implementation of an effective supportive services program. This tool can also be used to evaluate performance in administering the program. The standards are divided into five operational areas: administrative performance, staff development, service provision, resident participation, and community partnerships.

Administrative Performance

1. Development is in compliance with all administrative requirements:
 - a. There is a formal means of communication, referral, follow-up, and coordination of services between management, staff, and the service provider.
 - b. The program operates within a detailed annual budget that includes a narrative delineating program elements and all related income and expenses.
 - c. Staff is cognizant of and responsive to federal, state, and local statutes and regulations, including Section 504, the Fair Housing Amendments Act, and the Americans with Disabilities Act.
 - d. There is access to legal services to support program operation.
 - e. Policies and procedures that address common functions and situations in the provision of services are in place and followed.
 - f. Appropriate documentation and data retrieval mechanisms are in place.
 - g. Record maintenance practices and office procedures protect individual confidentiality and rights.
 - h. Submission of quarterly or annual program reports is accurate and timely.
 - i. Fee schedules and means of accessing programs by residents are public and in writing.
2. Supplies, equipment, computer, and office space are provided for sole use of service coordinator, including locking files.
3. External funding sources are pursued as appropriate.

Staff Development

1. There is a job description in place for all staff associated with the provision of services that includes a clear delineation of duties, responsibilities, qualifications, and supervision.
2. There is a comprehensive plan for staff development that includes a formal orientation program for new personnel and continuing education for existing staff.
3. Appropriate staff has access to professional development opportunities and attends training including PHFA conference, forums, and workshops.
4. Staff has access to program materials including PHFA's *Quick Connections*, manuals, and other materials.

Service Provision

1. High quality services are provided that are appropriate and responsive to residents' needs.
 - a. There is a mechanism for resident input into the provision of services on-site. This resident input is solicited at least every three years and can take the form of a written questionnaire, meetings with residents, or individual interviews. The targeted response rate is 50%. Services are based, in part, on the results of this resident input.
 - b. Service plan – Development of a written comprehensive plan containing priorities and outcomes is based on the documented needs and interests of the residents. The service plan is updated at least every three years.
2. Internal monitoring and evaluation of existing programs takes place on a regular basis and includes:
 - a. Measurement of progress.
 - b. Identification of factors that interfere with effectiveness or efficiency.
 - c. Determination of need for continuation, refinement, reduction, redirection, or expansion.
 - d. Measures of customer satisfaction.
 - e. Measure of staff response time to resident requests.
3. Service Coordinator ratio of hours to residents is approximately 1 hour per week of on-site service coordination for every 5 units. This 1:5 ratio may vary depending on the makeup of the resident population.

Resident Participation

1. Outreach efforts to residents are extensive, continuous, and varied. These efforts include resident meetings and the distribution of a monthly newsletter that is site specific.
2. A resident council, tenant association, or other representative group attracts involvement of at least 1/3 of residents. This resident group raises funds over which they have control, initiates social activity, and is incorporated as a 501(c)3 private, non-profit corporation, if appropriate.
3. There are self-sustaining interest groups operating within the building.
4. Residents are actively involved in using their resources and abilities to enhance the life of the community.

Community Partnerships and Community Building Initiatives

1. A current directory of community and county services along with information about how to access those services is available on-site.
2. Partnerships within the community are developed and nurtured by program staff. Meaningful involvement with a wide breadth of partners is generated, including: business/labor, media, law enforcement, local officials, public agencies, schools, religious organizations, civic organizations, youth and parent's groups.

Supportive Services Program Self Assessment Checklist

| | |
|--|--|
| Development: | Date: |
| Self Assessment Completed by: | |
| Administrative Performance: ____ (17 points possible) | |
| 1. Service program complies with administrative requirements and has systems in place to maximize efficiency and effectiveness. | |
| <input type="checkbox"/> A. Management and service provider have regular meetings. Frequency: _____ <input type="checkbox"/> B. An effective referral mechanism for management to make referrals to the service provider/coordinator is in place. <input type="checkbox"/> C. Follow-up and coordination of services between management and the service provider/coordinator is effective. <input type="checkbox"/> D. Program operates within a detailed annual budget. Year: ____ Income: _____ Expenses: _____ <input type="checkbox"/> E. Staff understands and is responsive to federal, state, and local statutes and regulations. Fair Housing ____ Section 504 ____ ADA ____ <input type="checkbox"/> F. There is access to legal services to support program operation. Law firm: _____ <input type="checkbox"/> G. There are site-specific policies and procedures in place and followed that address common service functions and situations. <input type="checkbox"/> H. Appropriate documentation, record keeping, and data retrieval mechanism are in place. <input type="checkbox"/> I. Record maintenance practices and office procedures protect individual confidentiality and rights. <input type="checkbox"/> J. Reports are accurate and timely. Quarterly report: _____ Annual report: _____ <input type="checkbox"/> K. Fee schedules are in writing and public. <input type="checkbox"/> L. Procedures to access services are in writing and well distributed. | |
| 2. Supplies, equipment, computer, and office space are provided for sole use of service provider. | |
| <input type="checkbox"/> A. Supplies and equipment <input type="checkbox"/> B. Computer <input type="checkbox"/> C. Private office space <input type="checkbox"/> D. Locking files | |
| 3. External funding sources are pursued as appropriate. | |
| <input type="checkbox"/> A. Other sources of funding besides site operating budget: _____ | |
| Staff Development: ____ (15, 19, or more points possible – depending on # of positions) | |
| 4. There is a job description in place for all staff associated with the provision of services. Each job description includes: | |
| <input type="checkbox"/> A. Position #1 _____ job description <input type="checkbox"/> B. Clear delineation of duties and responsibilities <input type="checkbox"/> C. Qualifications <input type="checkbox"/> D. Clear and appropriate lines of supervision | <input type="checkbox"/> E. Position #2 _____ job description (if applicable) <input type="checkbox"/> F. Clear delineation of duties and responsibilities <input type="checkbox"/> G. Qualifications <input type="checkbox"/> H. Clear and appropriate lines of supervision |

| | |
|---|--|
| 5. On-going staff development includes: | |
| <input type="checkbox"/> | A. Comprehensive, multi-year plan of training for all staff |
| <input type="checkbox"/> | B. Formal orientation program for new personnel |
| <input type="checkbox"/> | C. Continuing education for existing staff |
| 6. Appropriate staff has access to professional development opportunities and attends training. | |
| <input type="checkbox"/> | A. PHFA Conference |
| <input type="checkbox"/> | B. PHFA Workshops |
| <input type="checkbox"/> | C. PHFA Forums |
| <input type="checkbox"/> | D. Other: |
| 7. Staff has access to program materials, including: | |
| <input type="checkbox"/> | A. Quick Connections |
| <input type="checkbox"/> | B. Program Manual |
| <input type="checkbox"/> | C. Other: |
| Service Provision: _____ (11 points possible) | |
| 8. High quality services are provided that are appropriate and responsive to the residents' needs. | |
| <input type="checkbox"/> | A. Resident input is sought at least every 3 years. Date of last resident input: _____ |
| <input type="checkbox"/> | B. Response Rate is greater than or equal to 50%. Response rate of last survey: _____ |
| <input type="checkbox"/> | C. Services are based, in part, on the results of this resident input. Changes suggested by residents: _____ |
| <input type="checkbox"/> | D. There is a written comprehensive plan updated at least every 3 years. Date of last plan: _____ |
| <input type="checkbox"/> | E. Service plan identifies priorities, objectives, and target outcomes. |
| 9. Internal monitoring and evaluation of existing programs takes place on a regular basis and includes: | |
| <input type="checkbox"/> | A. Measurement of progress towards objectives and target outcomes. |
| <input type="checkbox"/> | B. Identification of factors that interfere with effectiveness or efficiency. |
| <input type="checkbox"/> | C. Determination of need for continuation, refinement, reduction, redirection, or expansion of services. |
| <input type="checkbox"/> | D. Measures of customer satisfaction. |
| <input type="checkbox"/> | E. Measure of staff response time to resident requests. |
| 10. Staffing level is appropriate. | |
| <input type="checkbox"/> | A. Service Coordinator ratio of hours to residents is approximately one hour per week for every five units. |
| Resident Participation: _____ (10 points possible) | |
| 11. Outreach efforts to residents are extensive, continuous, and varied. | |
| <input type="checkbox"/> | A. Service provider/service coordinator meets with every new resident |
| <input type="checkbox"/> | B. Group meetings with residents |
| <input type="checkbox"/> | C. Monthly newsletter |
| <input type="checkbox"/> | D. Other: |

| | | | |
|---|---|---|--|
| 12. Resident council or other representative group is active. | | | |
| | <input type="checkbox"/> A. At least 1/3 of residents are involved in some resident organization. <input type="checkbox"/> B. Group raises funds over which they have control. <input type="checkbox"/> C. Group initiates and takes responsibility for social activities. <input type="checkbox"/> D. Council is incorporated as a 501(c)(3) private, non-profit corporation. | | |
| 13. Other resident interest groups. | | | |
| | <input type="checkbox"/> A. There are self-sustaining interest groups operating within the building. | | |
| 14. Active and involved residents: | | | |
| | <input type="checkbox"/> A. Residents are actively involved in using their resources and abilities to enhance the life of the building and the community. | | |
| Community Partnerships and Community Building Initiatives: _____ (13 points possible) | | | |
| 15. Information about community and county services: | | | |
| | <input type="checkbox"/> A. Service Coordinator uses a current directory of regional services along with information about how to access them. <input type="checkbox"/> B. Services directory is available to residents. | | |
| 16. Partnerships within the community are developed and nurtured: | | | |
| | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> A. Business/Labor: <input type="checkbox"/> B. Civic Organizations: <input type="checkbox"/> C. Health Agencies: <input type="checkbox"/> D. Law Enforcement: <input type="checkbox"/> E. Local Officials: <input type="checkbox"/> F. Parents' Groups: </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> G. Public Agencies: <input type="checkbox"/> H. Religious Organizations: <input type="checkbox"/> I. Schools: <input type="checkbox"/> J. Youth Organizations: <input type="checkbox"/> K. Other: </td> </tr> </table> | <input type="checkbox"/> A. Business/Labor: <input type="checkbox"/> B. Civic Organizations: <input type="checkbox"/> C. Health Agencies: <input type="checkbox"/> D. Law Enforcement: <input type="checkbox"/> E. Local Officials: <input type="checkbox"/> F. Parents' Groups: | <input type="checkbox"/> G. Public Agencies: <input type="checkbox"/> H. Religious Organizations: <input type="checkbox"/> I. Schools: <input type="checkbox"/> J. Youth Organizations: <input type="checkbox"/> K. Other: |
| <input type="checkbox"/> A. Business/Labor: <input type="checkbox"/> B. Civic Organizations: <input type="checkbox"/> C. Health Agencies: <input type="checkbox"/> D. Law Enforcement: <input type="checkbox"/> E. Local Officials: <input type="checkbox"/> F. Parents' Groups: | <input type="checkbox"/> G. Public Agencies: <input type="checkbox"/> H. Religious Organizations: <input type="checkbox"/> I. Schools: <input type="checkbox"/> J. Youth Organizations: <input type="checkbox"/> K. Other: | | |
| Total: _____ (# of checkmarks - out of 66 or 70) | Comments: | | |
| Priority Area of Improvement - Category: _____ Number: _____ Box: _____ Target Date: _____ | | | |
| Steps to Implement Change: | | | |
| <ul style="list-style-type: none"> ▪ ▪ ▪ ▪ | | | |

Job Description for a Service Coordinator¹ for a Senior Development

Position: Service Coordinator

Reports To: _____ [Management/Service Provider]

Purpose: To improve the viability of the housing development and improve the quality of life for residents. This is accomplished by increasing residents' access to services and by facilitating their participation in programs that enhance their physical, social, and mental well-being.

General Duties and Responsibilities

- Provide general assistance and advocacy related to supportive and social services to all residents; provide up-to-date information and clarification regarding programs such as Medicare, Medicaid, entitlements, and formal supportive and social services.
- Develop and maintain linkages with community resources such as the Area Agency on Aging in order to remain current regarding information and services available to address resident needs.
- Act as liaison with local care providers and hospitals to ensure successful discharge from care facilities and return transition of residents to their apartments.
- Work cooperatively with residents and their families when planning for relocation to a nursing home or other long-term care facility is required.
- Promote a positive social climate that fosters residents' psychosocial well-being by developing, implementing, and monitoring educational, recreational, and therapeutic programs for resident participation.
- Address the social and recreational needs of the senior community with the assistance and participation of the resident.
- Identify leaders among the residents to volunteer to manage aspects of the service program and social and recreational functions in the development. Encourage volunteerism.
- Educate residents to services available on-site and in the community.
- Create new services or increase the availability of existing services to meet resident needs.
- Empower residents to meet their own needs through education, training, and accessing services for themselves.
- Create and distribute brochures, newsletter.
- Document contact with residents, providers, and families. Keep resident files current.
- Prepare reports regarding service provision and update service plan in accordance with governing bodies.

¹ American Association of Homes and Services for the Aging, Service Coordinator Training Manual, 1997.

- Participate in ongoing training and networking programs like PHFA Housing Services Conference, Webinars, Workshops and Regional Forums.

Qualifications

The Service Coordinator position requires an ability to work in a complex and non-traditional human service setting with a diverse population. A combination of education and experience that results in knowledge of the human service system and experience working with persons with disabilities and the elderly is essential.

Job Description for a Service Coordinator for a Family Development

Position: Service Coordinator

Reports to: _____ [Management/Service Provider]

Purpose: To improve the viability of the housing development and improve the quality of life for residents. This is accomplished by increasing residents' access to services and by facilitating their participation in programs that enhance their physical, social, and mental well-being.

General Responsibilities

The Service Coordinator acts on behalf of [Management/Service Provider] in collaboration with the Property Manager and with the supervision of the [Management/Service Provider] to develop and implement supportive services at the assigned development(s). He/she works as a member of the site's management team and is accountable to the site manager. Supervision is provided by the [Management/Service Provider]. It is the responsibility of the Service Coordinator to ensure that the needs of the residents are balanced with the priorities and standards of [Management/Service Provider]. Regular evening and weekend hours are required.

Specific Duties

- Develop and implement supportive service programming in collaboration with residents, management, and local community service providers.
- Provide ongoing outreach services to identify individuals who would benefit from services, recruit volunteers, and identify program and service gaps.
- Act as a liaison to local human service providers and represent [Management/Service Provider] on various task forces and community groups.
- Coordinate the delivery of services with local human service providers.
- Maintain all necessary information regarding services to residents.
- Oversee and/or provide crisis intervention, case management, and follow-up services to referrals from management, residents, or other agencies.
- Support resident efforts in community building initiatives.
- Identify funding for new and expanded programs in the development.
- Assist other department staff in understanding and participating in the goals and programs initiated by resident services.
- Review and submit all billing and program reports required by funding sources, monitoring entities, and [Management/Service Provider].
- Attend all required meetings and prepare and participate in additional and/or special projects as required from time to time by [Management/Service Provider].

Qualifications

The Service Coordinator position requires an ability to work in a complex and non-traditional human service setting with a diverse population. A combination of education and experience that results in knowledge of the human service system and experience working with the children and families, persons with disabilities, and the elderly is essential.

Resident Files Checklist

The information and forms listed below are kept in files for each resident with whom the service provider has contact. Resident files are kept in a secure location accessible only to the service provider. All information in the files or related to a resident is kept confidential.

- Resident File:**
- Intake Form
 - Confidentiality Agreement
 - Consent for Release of Information
 - Progress Notes

- As Needed:**
- Resident Questionnaire
 - Report of Violations
 - Refusal of Services Form

Guidelines for Using Service Provider Forms

Intake Form: This form is used during the initial introduction between the service provider and the resident. It contains mostly demographic information on the resident.

Confidentiality Agreement should be signed during the first meeting with the resident. A copy of the agreement should be given to the resident for his or her records.

Consent for Release of Information must be completed any time a referral is made to an organization. Each organization will have a separate form signed and dated and kept in the resident's file.

Progress Notes are the regular daily means of documentation. Use brief, non-subjective terms. Include information regarding case resolution, case status, results of all monitoring and follow-up, notes on all meetings with the resident and/or family members, and disposition or termination of case.

Resident Questionnaire: This form is used to assess the resident's current needs for those residents with whom the service provider is actively involved. This form should be updated at least every 3 years to reevaluate the needs of the resident.

Report of Violations should be completed when there is information and follow-up related to any alleged or confirmed reports of human or civil rights abuse or violations of personal property or dignity

Refusal of Services should be completed and signed by the resident when services are recommended in response to a concern for health, safety, or welfare of a resident and those services are refused. A notation in the progress notes should also be made whether or not the resident signs the Refusal of Services Form.

Resident Intake Form for a Senior Development

Date form completed: _____

| | | | |
|------------------------------|----------------------------------|-----------------|----------------------------------|
| Name: | | Apt.: | |
| Phone: | | Email: | |
| DOB: | | male | female |
| Marital status: | | single | married |
| | | divorced | widowed |
| Living status: | | alone | w/ well spouse |
| | | w/ frail spouse | w/ other |
| | | Pet: | |
| | | | |
| Emergency Contact | Name: | | Name: |
| | Address: | | Address: |
| | Telephone: | | Telephone: |
| | Relationship: | | Relationship: |
| | Frequency of contact: | | Frequency of contact: |
| | | | |
| Insurance Information | Social Security #: | | SSI: yes no |
| | Medicaid #: | | Food stamps: |
| | Medicare Supplemental Insurance: | | |
| | Veteran: yes no | | |
| | Other: | | |
| | | | |
| Income | Social Security: \$ | | /month |
| | Retirement: \$ | | /month |
| | Veterans: \$ | | /month |
| | SSI: \$ | | /month |
| | Other: \$ | | /month |
| | Total: \$ | | /month |
| | | | |
| Other | Living Will: yes no | | Resident has a copy: yes no |
| | Power of Attorney: yes no | | Name: |
| | Legal Guardian: yes no | | Name: |
| | Doctor: | | Phone: |
| | Address: | | Fax: |
| | | | |
| In Home Services | Case Management: yes no | | In-home services: yes no |
| | Meal Services: yes no | | Transportation: yes no |
| | Other: | | |
| | | | |
| Comments: | | | |
| | | | |

Resident Intake Form for a Family Development

| | | | |
|---------------------|-------------------------------|---------------------------------|--------------------------------|
| Site: | Service Coordinator: | | |
| Date: | Apt. Number: | | |
| Family: | Person/People Seen: | Phone: | |
| Email: | | | |
| Birth Date: | Begin: | End: | |
| Gender: Male Female | <input type="checkbox"/> Home | <input type="checkbox"/> Office | <input type="checkbox"/> Group |

Purpose:

- Conduct Needs Assessment
 New Tenant Orientation

Client Profile:

Parenting Practices: _____

Household Management: _____

Personal Financial Management: _____

Child Care: _____

Employment Condition: _____

Family Health Condition: _____

Education/Skills: _____

Other/Areas of Interest: _____

Linkages to other service provides: _____

Next Steps:

Service Coordinator: _____

Resident: _____

New information Obtained: _____

Service Coordinator's Initials: _____

Confidentiality Agreement between Resident and Service Coordinator

As the Service Coordinator for _____, I agree to protect your right to privacy:

The information a resident reveals to the Service Coordinator will not be discussed with anyone else. A resident's personal information is not revealed to anyone, including property staff or your family, without your written permission, unless required by law.

The Service Coordinator uses a "Release of Information" form to obtain this permission. As needed, the Service Coordinator will request that you complete and sign this form. The properly executed form will allow the Service Coordinator to discuss your service needs and desires with specified community Service Coordinators, family members, physicians, and/or other individuals or organizations to link you to programs and services that will enhance your well-being.

Exceptions to Right of Confidentiality:

Federal and/or state law may require me to disclose the following information:

- Abuse or neglect of any kind, including physical, mental, financial.
- Endangerment – residents who are a danger to themselves or others.
- Fraudulent activity and other violations of the law.
- Lease violations.
- Information pursuant to a proper court order.

Confidentiality Pledge:

As your Service Coordinator, I agree to protect your right to privacy and confidentiality. I will not disclose any information about you without your written permission unless I am required by law to do so.

Service Coordinator Signature: _____ Date: _____

Witness by Resident: _____ Date: _____

Consent for Release of Information

Resident Name: _____
 First Middle Maiden Last

Social Security Number: _____ Date of Birth: _____

Consent for Service Coordinator to Disclose Information

I authorize the Service Coordinator at _____ to **disclose** the following information _____
To the following person or organization _____
The purpose of this disclosure is to _____

Consent for Service Coordinator to Receive Information

The Service Coordinator at _____ is authorized to receive information pertaining to benefits or services provided to me by the following person or organization _____

This information will be used to _____

This authorization will remain in effect for one year, and expires on _____

I understand that the use of this information is strictly confidential and that it may only be shared with those agencies and/or individuals who have a need to know such information as required by law, or as provided in this Release.

I also understand that I have the right to revoke this consent at any time without negative consequences being imposed on me by the service coordinator or management.

Resident Name Printed: _____

Resident Signature: _____ Date: _____

Service Coordinator Signature: _____ Date: _____

I, _____, revoke this authorization of confidential information.

Resident Signature: _____ Date: _____

Refusal of Services

I, _____ ,
living at _____ ,
understand that I am responsible for making my own decisions and choices regarding services available to me. At this time, I am refusing to use a service(s) that has been made available as presented by the service coordinator. The service coordinator has fully explained the rationale for accepting a service(s); the specifics of the service(s), and the possible consequences of refusing to participate in the service(s).

I hold the staff of _____
harmless in case of damage to my personal property or injury to my person caused by refusal to utilize the service(s) recommended.

Recommended Service/Remarks:

Resident Signature: _____

Date: _____

Service Coordinator Signature: _____

Date: _____

Resident Strengths Questionnaire for a Senior Development

Everyone has different skills, strengths and abilities. That is one of the things that make us unique – and so interesting! We want to know what your skills, strengths, and abilities are so that people who share interests can connect – and help this community grow in ways that they know best.

If you have experience or skill in any of the following areas, check the box next to the item. If you would like to share these skills in the future, then also mark the box “Willing to Share.”

| Skills | Have skills, experience | Willing to Share |
|---|----------------------------|---------------------|
| Organizing: | | |
| Telephoning people to invite them to an activity | | |
| Organizing a party or special event | | |
| Leading a group or committee | | |
| Music and Art: | | |
| Teaching/playing a musical instrument/singing | | |
| Painting, drawing, sculpture, ceramics, calligraphy | | |
| Sewing, knitting, crocheting, quilting | | |
| Other arts/crafts: | | |
| Food Preparation | | |
| Serving food to people (more than 10) | | |
| Preparing meals for people (more than 10) | | |
| Clearing/Setting tables for people (more than 10) | | |
| Baking/cake decorating | | |
| Office or Computer Skills | | |
| Bookkeeping, accounting, or keeping track of supplies | | |
| Answering phones and taking messages | | |
| Using e-mail and the internet | | |
| Using computer graphics programs | | |
| Typing or computer word processing | | |
| Other | | |
| Gardening | | |
| Exercise, sports, or active games | | |
| Bingo or card games | | |
| | | |
| | | |
| | | |

What three things do you think you do best? 1. _____
2. _____
3. _____

Which of your skills are you most likely to volunteer? 1. _____
2. _____
3. _____

Are there any skills you would like to teach? 1. _____
2. _____
3. _____

What would you most like to learn? 1. _____
2. _____
3. _____

A directory of residents' strengths, skills, and abilities is being developed. Can we include your information?

- Yes. I give permission for the information in this questionnaire to be included in the directory.
- No. Do not include my information in the directory.
- No. Do not include my information in the directory, but you may contact me regarding activities that match my skills.

Signature: _____ Date: _____

Print Name: _____ Apartment: _____

Thank you! Please return this survey to: _____

For more information about the Property Resources Directory call: _____

For service coordinator's use:

Date Survey Delivered: _____ Survey Due Date: _____

Survey Received: _____

Resident Strengths Directory for a Senior Development (Asset Map)

A directory of residents' strengths, skills, and abilities has been developed in response to the recent survey we had completed. Please find below a list of those residents who completed the survey and were willing to be listed in our property directory of resident strengths. Thank you for your participation in our community. If you would like to be added to future editions of this directory please contact the service coordinator/property manager.

| Skills | Resident Name(s) who is willing to share |
|---|--|
| Organizing: | |
| Telephoning people to invite them to an activity | |
| Organizing a party or special event | |
| Leading a group or committee | |
| Music and Art: | |
| Teaching/playing a musical instrument/singing | |
| Painting, drawing, sculpture, ceramics, calligraphy | |
| Sewing, knitting, crocheting, quilting | |
| Other arts/crafts: | |
| Food Preparation | |
| Serving food to people (more than 10) | |
| Preparing meals for people (more than 10) | |
| Clearing/Setting tables for people (more than 10) | |
| Baking/cake decorating | |
| Office or Computer Skills | |
| Bookkeeping, accounting, or keeping track of supplies | |
| Answering phones and taking messages | |
| Using e-mail and the internet | |
| Using computer graphics programs | |
| Typing or computer word processing | |

| | |
|-----------------------------------|--|
| Other | |
| Gardening | |
| Exercise, sports, or active games | |
| Bingo or card games | |
| | |
| | |
| | |

Resident Strengths Questionnaire for a Family Development

Everyone has different skills, strengths, and abilities. That is one of the things that make us unique – and so interesting! We want to know what your skills, strengths, and abilities are so that people who share interests can connect – and help this community grow in ways that they know best.

If you have experience or skill in any of the following areas, check the box next to the item. If you would like to share these skills in the future, then also mark the box “Willing to Share.”

| Skills | Have skills, experience | Willing to Share |
|---|----------------------------|---------------------|
| Organizing: | | |
| Telephoning people to invite them to an activity | | |
| Organizing a party or special event | | |
| Leading a group or committee | | |
| Fundraising | | |
| Music and Art: | | |
| Teaching/playing a musical instrument/singing | | |
| Painting, drawing, sculpture, ceramics, calligraphy | | |
| Sewing, knitting, crocheting, quilting | | |
| Other | | |
| Athletics, Games, and Outdoor Activities | | |
| Playing or coaching organized sports | | |
| Teaching or organizing games or clubs | | |
| Fishing, hiking, other outdoor activity | | |
| Other | | |
| Food Preparation | | |
| Preparing meals for people (more than 10) | | |
| Baking/cake decorating | | |
| Office or Computer Skills | | |
| Bookkeeping, accounting, or keeping track of supplies | | |
| Answering phones and taking messages | | |
| Using e-mail and the internet | | |
| Using computer graphics programs | | |
| Typing or computer word processing | | |
| Other | | |
| Mentoring Youth | | |
| | | |
| | | |
| | | |

What three things do you think you do best? 1. _____
2. _____
3. _____

Which of your skills are you most likely to volunteer? 1. _____
2. _____
3. _____

Are there any skills you would like to teach? 1. _____
2. _____
3. _____

What would you most like to learn? 1. _____
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3. _____

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| Fundraising | |
| Music and Art: | |
| Teaching/playing a musical instrument/singing | |
| Painting, drawing, sculpture, ceramics, calligraphy | |
| Sewing, knitting, crocheting, quilting | |
| Other | |
| Athletics, Games, and Outdoor Activities | |
| Playing or coaching organized sports | |
| Teaching or organizing games or clubs | |
| Fishing, hiking, other outdoor activity | |
| Other | |
| Food Preparation | |
| Preparing meals for people (more than 10) | |
| Baking/cake decorating | |
| Office or Computer Skills | |
| Bookkeeping, accounting, or keeping track of supplies | |
| Answering phones and taking messages | |

| | |
|------------------------------------|--|
| | |
| Using e-mail and the internet | |
| Using computer graphics programs | |
| Typing or computer word processing | |
| Other | |
| Mentoring Youth | |
| | |
| | |
| | |