



A & O: Support Services for Older Adults

200 - 280 Smith Street Winnipeg, MB R3C 1K2
TEL (204) 956-6440 FAX (204) 946-5667

Connect Program

Overview and Important Information

What is the purpose of the Connect Program?

- The Connect Program is an organized companionship and socialization program that seeks to match community volunteers with isolated, lonely older adults 55+.
- Participants of the program will be provided information that may encourage social activity and participation within the community and may be matched with a volunteer visitor.
- Volunteers and participants engage in a one hour visit, once a week, which occurs on a date and time that is agreeable and convenient to both parties. Visits take place in a participant's home.

Program Goals

- To provide a comfortable level of companionship between a selected volunteer and client.
- To reduce the participant's perceived sense of isolation.
- To reduce the participant's perceived level of loneliness and related stress.
- To provide opportunities for community members to contribute to the well-being of older adults through a social companionship role.

Eligibility Requirements

- Individuals 55+ living independently within Winnipeg.
- Individuals who are expressing feelings of loneliness and/or social isolation.
- Individuals who understand and accept the service.
- Individuals capable of establishing and maintaining a relationship with another individual.

Situations the Program Does Not Accommodate

- Situations including alcohol/drug abuse, clinical depression, severe memory impairment, an unsuitable or unsafe environment.
- Referrals are not accepted if the individual's primary need is not for socialization. The service does not provide transportation for medical appointments, groceries, or other small tasks.
- Referrals are not accepted on behalf of residents of personal care homes.
- Referrals are not accepted where a palliative care volunteer is more appropriate.

Volunteer Do's and Don'ts

| Volunteer Do's | Volunteer Don'ts |
|---|--|
| Engaging in “nice to do” activities, such as: <ul style="list-style-type: none">• Conversing on general topics of interest• Playing cards or a board game• Sharing hobbies and interests• Going for a walk | Engaging in “need to do” activities, such as providing assistance with: <ul style="list-style-type: none">• Household chores or home maintenance• Errands• Personal care services/Respite• Transportation |

How do I become involved?

- Contact A & O Intake to complete an over the phone program referral, or visit our website at www.aosupportservices.ca to complete an online referral form.
- Please ensure referral forms are fully completed prior to submission. Incomplete referrals will not be processed until agency staff has spoken with the referral source to gather information missing from submitted referral.

How long will it take to be connected with a volunteer?

It may take a few weeks to a few months to be connected with a volunteer, depending on volunteer availability in the participant's community.

Please Note: Once a referral is completed, a social worker will complete a home assessment with a participant to determine program eligibility.

If other services are required, a Connect Program referral will be placed on hold until priority services have been provided (e.g. Counselling, This Full House, external referrals, etc.).

For additional questions or concerns, or to complete a Connect Program referral, please contact the A & O Intake Line at (204) 956-6440.



**A & O: SUPPORT SERVICES FOR OLDER ADULTS
CONNECT REFERRAL FORM**

200 – 280 SMITH ST. WINNIPEG, MB R3C 1K2
PHONE: (204) 956-6440 FAX: (204) 946-5667

CLIENT INFORMATION:

Name: _____ Gender: _____

Address: _____

Postal Code: _____

Phone: Home _____ Cell _____

D.O.B. _____

Is it safe to leave a voice message for client? ☐ No ☐ Yes

Resides with: ☐ Spouse ☐ Alone ☐ Other _____

Languages Spoken: _____

Is an interpreter required for communications with client? ☐ No ☐ Yes

Note: A & O will provide interpreter services if required for communications between client(s) and A & O staff.

Referral Source Information

Name: _____

Date of Referral: _____

Association with Client: _____

Telephone Number: _____

Please complete the following questions to the best of your knowledge:

Due to Allergies: Does client have pets in the home? ☐ No ☐ Yes

Does client or others smoke in the home? ☐ No ☐ Yes

Frequency/Volume of Alcohol Use: _____

Other Agencies/Programs Involved (e.g. Home Care, Psychiatrist, Hospital Staff, Public Trustee, etc.):

Physical/Mental Health Concerns:

Reason for Referral (e.g. lack of social contacts, inability to access community programming, feelings of loneliness, etc.):

Activities and Interests:

How Does the Client Rate Their Loneliness?

☐ Not Lonely ☐ Moderately Lonely ☐ Severely Lonely ☐ Extremely Lonely

CONSENT FOR RELEASE OF INFORMATION

I, _____ GIVE PERMISSION TO _____
(CLIENT NAME) (REFERRAL NAME/AGENCY)

TO SHARE INFORMATION WITH A & O: SUPPORT SERVICES FOR OLDER ADULTS IN ORDER TO DETERMINE ELIGIBILITY FOR THE CONNECT PROGRAM.

ADDITIONAL COMMENTS/REMARKS:

To Arrange Appointment, Call: ☐ Client, or ☐ Contact(s)

Primary Contact: _____ Relationship: _____ Phone: _____

Alternate Contact: _____ Relationship: _____ Phone: _____

Are contact(s) aware of referral? ☐ No ☐ Yes

CLIENT SIGNATURE: _____ DATE: _____

REFERRAL SIGNATURE: _____ DATE: _____

IF VERBAL CONSENT IS GIVEN PLEASE COMPLETE THE FOLLOWING:

DATE: _____ REFERRAL SOURCE SIGNATURE: _____

Please ensure referral forms are fully completed prior to submission. Incomplete referrals will not be processed until agency staff has spoken with the referral source to gather missing information from submitted referral.