**Seniors Community Connector: Social Prescribing Program**

**Participation Agreement**

**Purpose of the Program:**

The Social Prescribing Program is funded by the Province of BC, managed by the United Way and offered by **[name of organization].** It was developed to empower older adults to connect with social and community supports as a means to enhance health and well-being and enable them to live at home as long as possible.

**How it works:**

Social prescribing is a non-clinical way we can support you by reviewing any social challenges that may be affecting your health. The Community Connector will follow-up with you throughout your participation in the program to help you address challenges and review your progress.

**Learning and Quality Assurance Plan:**

We are always interested in improving our programs and services at [**name of organization**]. Throughout the Social Prescribing program we will be working with United Way to learn what is working, how it is working and what needs to be changed, thus ensuring that the program continues to improve to best serve our participants. In order to do this, we will collect information on how participants have benefitted from the program and changes required to make improvements.

**What you will be asked to do:** The Community Connector will ask you questions as part of the intake interview about your health, challenges, involvement in the community, use of healthcare services and quality of life. The Community Connector will follow-up with you at three months, six months and nine months after your intake to gather information on any changes that may have occurred.

**Risks and Discomforts:** You may be asked questions that you view as very personal or outside of your comfort zone. If you are uncomfortable answering certain questions please let me know. You do not have to answer questions you are uncomfortable with.

**Voluntary Participation:** Your participation in the Social Prescribing program is voluntary and you may choose to withdraw at any time. Your decision to withdraw will not affect any other programs and services you currently are or would like to receive at **[name of organization].**

**Confidentiality:** All information collected from you will only be shared with **[name of organization]** staff/volunteers and the United Way for research purposes. Information collected will remain confidential; your information will be recorded electronically on a secured server or stored in a locked cabinet in an office that is locked when not in use by staff. Your information will be kept anonymous when used for reports; your name will not be attached to any of the information you provided.

**Participant Rights:**

As a participant of the Social Prescribing Program you have the **RIGHT** to:

1. Be treated with respect, courtesy, honesty and consideration;
2. Information about the services you are seeking/receiving and to have your inquiries answered promptly;
3. Have your private information kept confidential;
4. Request a change in volunteer if a reasonable cause can be given;
5. Be informed of any changes to your services as soon as possible;
6. Choose to refuse or to terminate services.

**Participant Responsibilities:**

As a participant of the Social Prescribing Program it is your **RESPONSIBILITY** to:

1. Treat staff and volunteers with dignity and respect. Failure to do so will result in the termination of services;
2. Participate in developing your wellness goals with the Community Connector and to request your goals be revised or updated in accordance with your needs or preferences;
3. Provide necessary information accurately and in good faith;
4. Ask questions to clarify anything you do not understand;
5. Be respectful of and adhere to the meeting time set up with the Community Connector or volunteer, except in the case of a medical emergency or severe weather conditions.
6. Inform the Community Connector or volunteer when an appointment needs to be cancelled as far in advance as possible. A minimum of 24 hours notice is required.
7. If weather conditions such as snow or icy roads occur and you prefer to reschedule your appointment, it is your responsibility to contact the Community Connector or volunteer to cancel or reschedule your appointment.

**By participating in the Social Prescribing Program, I acknowledge that:**

I have been given information about this program and my rights and responsibilities and have had the opportunity to ask questions and to have those questions answered to my satisfaction. By completing the intake interview and subsequent follow-up interviews, I understand that I am giving my informed consent to participate in the quality and learning (evaluation) of this program as per the terms of this document.

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Participant Name (Printed)

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Participant Signature Date

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Senior Community Connector Signature Date