

**Coosaw Creek Women's Club Policy Statement  
September 2012**

Helping Hands Mission:

**Provide support to neighbors for illness/convalescence offered by the CCWC**

1. The Helping Hands Chairperson will serve as the single point of contact for coordinating all support offered by the Women's Club. When the Chairperson is contacted by an individual requesting support, the Chairperson will notify the CCWC President of requests & actions taken to any resident in Coosaw.
2. Any questions from a neighbor/committee member requesting support should be directed to the Chairperson and not to the impacted family—we are striving for a single point of contact to make it easier on the family and to enable the CCWC to provide a more coordinated service.
3. Bereavement support shall be coordinated by the Chairperson of the Helping Hands to include post service meal support (food/serving support).
4. The Helping Hands Chairperson, or designee, shall personally contact the family in need to clarify what support is being requested (see attached worksheet)

Food Support:

- a) The Committee Chairperson shall identify whether there are any specific medical restrictions, food allergies and/or likes & dislikes in food.
- b) The Chairperson will coordinate with the family to determine how long food support might last, how often they would like to receive meals and the best time for meal deliveries.
- c) The Chairperson will communicate directly with committee members/volunteers to schedule delivery of meals, share identified special needs, coordinate menus (to avoid duplication), times/place of delivery, and return of dishes/utensils, etc. to minimize the impact to the family.

Transportation: The Chairperson will coordinate with the person in need of help to determine:

- a) how often they will need transportation
- b) patient's address and destination
- c) Pick up/ drop off time
- d) special support needs (i.e. transport wheelchair, prepare for potential medical side effects such as nausea, need blanket/pillow, etc)

## Helping Hands Worksheet

**Name:**

**Address:**

**Phone:**

**Email:**

**Emergency contact: (name, phone, relationship)**

**Nature of request:**

**Pet Support required:**

### **Meal Coordination**

Frequency of delivery:

Anticipated duration of service:

Which type of meal:

Food Allergies:

Likes/Dislikes:

Is there additional support:

Local family

Church

Friends

### **Transportation**

Destination:

Pick up and drop off:

Special requirements:

## Coosaw Creek Women's Club Policy Statement

### **Flowers/Plant:**

In the case of death of a member or immediate family member (spouse, child) of the Women's Club, flowers/plant will be sent from the Board on behalf of the CCWC. If the family requests no flowers, a like kind donation amount will be sent to the charity designated by the family. A suggested monetary amount of up to \$100 is acceptable.

Please contact a member of the board if you know of the death of a family member of the CCWC. Board members are listed on our website:

[www.coosawcreekwomensclub.org](http://www.coosawcreekwomensclub.org)

Flowers/gifts will not be sent to either members of the Women's Club or their families for illness or hospital stays. Cards will be sent by the Corresponding Secretary referencing help available for meals, transportation, etc as assistance to them during their illness/convalescence. All help to the family in need shall be handled via the Helping Hands Committee Chair.

*\* This policy statement is being written in an effort to clarify how the Women's Club will handle special events such as illness, death, and/or request for support. It is hoped that this will eliminate future questions/concerns over what is being done in these often time sensitive situations.*