



CaringOn *Gift Protocol*

As you accumulate information, please forward it to the Board Member that you are working with on the gift. This Board Member will then provide you with an email address.

1. Receive Nomination
2. Email/phone call to person who filled out form (“Nominator”).
 - Important to contact on the date of receipt (next day if after 5pm or weekend) simply to let them know we received the nomination.
 - If there are 3 failed attempts by both phone and email to connect, send template email re. CaringOn making 6 attempts to contact.
3. Set up Interview with Nominator. Interview should take place within 3-5 business days of original contact.
4. Conduct Interview with Nominator. Complete Initial Assessment Form.
 - Get contact information
 - Give package options. [*use Gift Menu Guide*]. Try to get an idea of what they are leaning toward so CaringOn can work on details
 - Determine whether or not CaringOn needs to set up at home care assessment
 - Determine time frame i.e dates and times which may work for both
 - Nominator and Caregiver. Be as specific as possible.
5. Design Gift
 - Work with CaringOn to create customized gift
 - Confirm gift details with Nominator
 - Set up time to meet with Caregiver and discuss details for home Care assessment, if necessary (name of company, when they should expect a call, etc.)



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6. Final Meeting (in person, if possible)

- Discuss gift and gift details
- Sign necessary form(s). If gift is a surprise, forms can be done at gift presentation [*Waiver*]
- Discuss at home care arrangements (if necessary)

7. Day of Gift

8. Follow Up

- Phone call/email [*Post-Gift Feedback from Caregiver*]

Important Contacts:

Lee Kappelman

410-218-1953 (Cell)/lee@carington.org

Kate Sullivan

410-713-0843 (Cell)/kate@sullyland.com

Drew Davanzo

410-608-9654 Cell)/ddavanzo@abacuscorporation.com

Essential Documents (included):

Nomination Form

Initial Assessment Form

Gift Menu Guide

Waiver (to be signed by Nominator)

Follow-up Form



Gift Menu Guide

Our goal is to create a memorable gift to honor your Caregiver. The following are a list of suggestions however we are always open to hear what you may have in mind!

Arts and Culture

- Meyerhoff
- Center Stage
- Lyric
- Hypodrome

Day Trip

- REI
- Long Gardens
- Hershey Park
- Fishing
- Hunting
- Eastern Shore
- Ocean City
- Rehoboth

Hotel Accommodations

- Four Seasons
- Pendry
- Marriott
- Hay-Adams

Dining Experience

- Local Cuisine

Sporting Event

- Camden Yards (Os)
- M&T Bank Stadium (Ravens)
- University of Maryland (Basketball)
- Hopkins
- Redskins
- Capitals
- Other Regional Sporting events

Spa Service

- About Faces
- Four Seasons
- Sola
- Spa in the Valley
- Elizabeth Arden (The Red Door)



Initial Assessment

I. Introduction

II. Review Basic Information from Nominating Form

Name:

Address:

Contact info:

- Phone:
- Email:
- Best way to contact:

Name of Caregiver:

Relationship to Caregiver:

III. Background of the Caregiver & Patient

- Tell me about the Caregiver
- How being a caregiver has impacted their life
- Get some background on their family, relationship to patient, etc.
- Tell me about the Patient
- Hospital, primary doctor, family (kids)

(continued on next page...)



Initial Assessment

IV. Ideas for Caregiver's gift

(what would you like to do for the caregiver/what does caregiver like to do/packages CaringOn offers)

Available Packages:

#1 lunch/dinner and a movie

#2 lunch/dinner and a spa service

#3 spa day

#4 sporting event

V. What CaringOn Offers

- at home health care provider-go over how this can be used
- gift parameters

CaringOn provides the Caregivers Gift as well as any support services need for the patient, free of charge.

CaringOn will set up appointments, services, etc. prior to the day of the Gift.

VI. Timing of Gift (to be done in person if possible)

- Setup time/date to possibly meet caregiver
- Discuss gift options, go over, initial and sign waiver
- Discuss possible timing/dates for gift
- Give them paper with info to fill out re. plan for children if necessary; Emergency contact info. for a friend or family member in town



Gift Information

Name of Gift Recipient(s):

Address:

Cell Number (# where Caregiver can be contacted while out):

Name of Patient:

At Home Care Provided: YES [] NO []

If yes, provider name:

Hours of Service:

Emergency Contact (other than Caregiver):

Emergency Contact Phone Number:



Gift Information

Package:

Date:

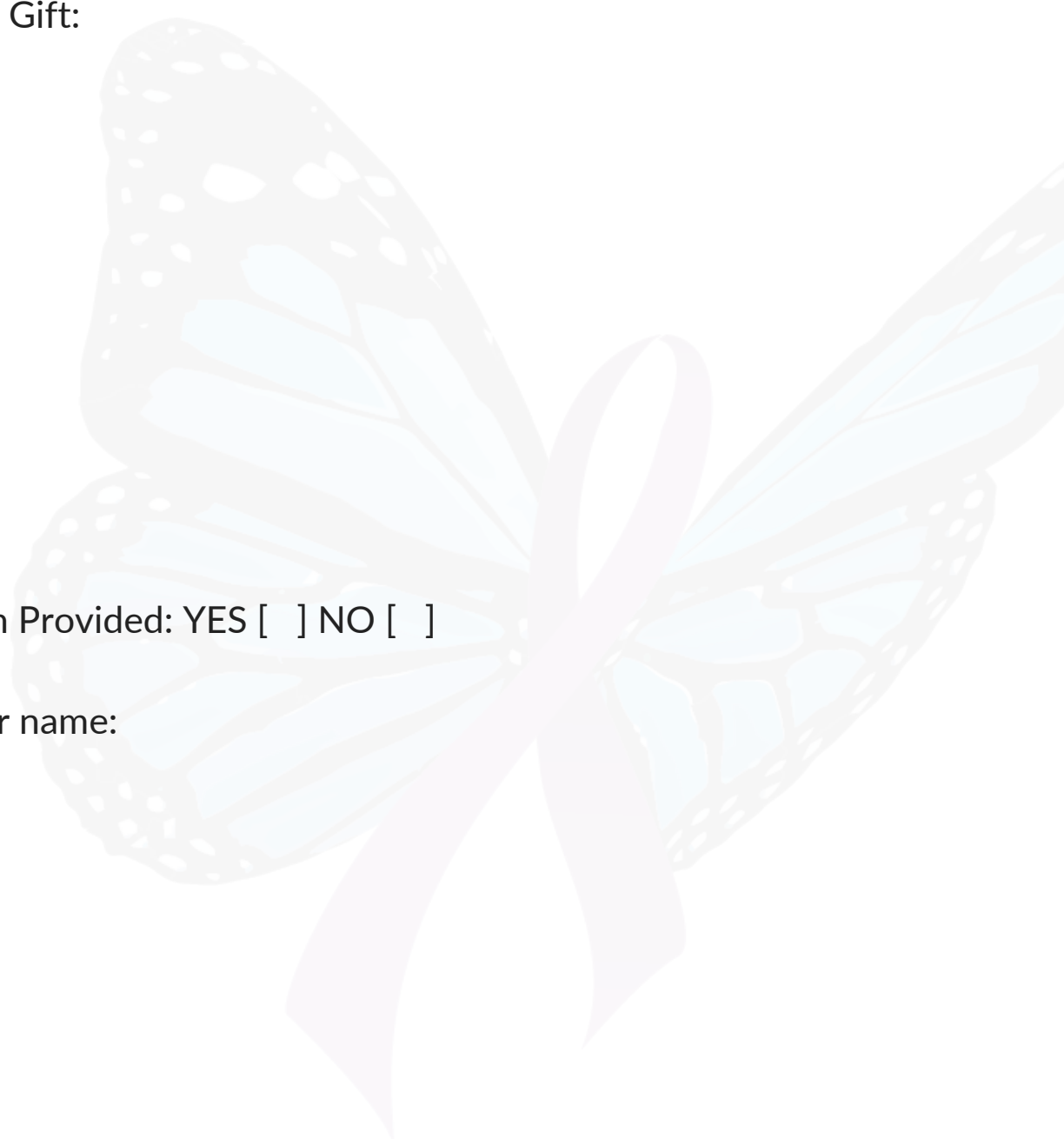
Description of Gift:

Transportation Provided: YES [] NO []

If yes, provider name:

Pick Up Time:

Return Time:





Initial Email Template

Dear [Nominator's Name],

CaringOn has received your Caregiver Nomination Form on dd/mm/yr. A CaringOn staff person will get in touch with you in the next 3 business days. We are looking forward to discussing the gift that will give your Caregiver the opportunity to recharge, refresh and renew so they can continue to give the amazing care they are giving.

CaringOn will call you at this number (xxx)xxx-xxxx within the next 3 business days. If this number is incorrect please respond to this email and let us know a number so we can connect with you.

Thank you for caring about a Caregiver.

Keep On CaringOn,

[Your Name]



Email Template - Unable to Connect with Contact Person

Dear [Nominator's Name],

CaringOn would love to connect with you regarding the nomination of (fill in name) to receive a gift from CaringOn. CaringOn has sent emails on the following dates (dd/mm/yr, dd/mm/yr, dd/mm/yr) and has called (xxx)xxx-xxxx on the following dates dd/mm/yr, dd/mm/yr, dd/mm/yr.

Please let us know if there is a better way to contact you. Once you make the initial contact CaringOn will take it from there and honor your Caregiver with the gift to Recharge, Refresh and Renew.

Looking forward to hearing from you.

Keep on CaringOn,

[Your Name]



Post-Gift Feedback from Caregiver - To Be Sent Via Email

- *Caregiver Name:*
 - *Relationship to Patient:*
 - *Email:*
 - *Phone #:*
 - *Date of Gift:*
 - *Gift:*
- 1. Please give a brief description of your CaringOn Gift.*
 - 2. Please tell us about the impact CaringOn's Gift had on you and your ability to care for your loved one.*
 - 3. Please tell us how CaringOn's Gift impacted the person you are caring for.*
 - 4. So we can continue to help Caregivers, please tell us briefly how being a Caregiver has affected you both physically and emotionally.*
 - 5. CaringOn is always looking for ways to improve so we can effectively help Caregivers. What suggestions would you have for CaringOn to better meet our mission?*

**CAREGIVER SOS, INC. D/B/A CARINGON
ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION AGREEMENT**

I, _____ (Caregiver - print name), have decided to accept a “respite gift” from Caregiver SOS, Inc., d/b/a CaringOn (“CaringOn”) (said gift hereinafter referred to as the “Activity”).

I understand that my participation in the Activity is voluntary. In consideration of the opportunity to participate in the Activity, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1.) Assumption of Risk, Release of Claims, and Indemnification. I understand and agree that there are certain dangers, hazards and risks inherent in travel and participation in the Activity, including but not limited to risks of injury, permanent disability or death, property damage and severe social or economic loss, which may result from, among other things, the actions, failure to act or negligence of myself or others. I understand that CaringOn cannot and does not assume responsibility for any personal injury, loss of life, property damage or other loss arising from my participation in the Activity. Accordingly, I voluntarily and without reservation agree, on behalf of my family, heirs and personal representative(s), to assume all risk for any such personal injury, loss of life, property damage or other loss and on behalf of myself, my heirs and my estate, and **RELEASE AND HOLD HARMLESS** CaringOn and its directors, officers, agents and employees from and against any and all liability, actions, causes of action, negligence, debts, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence, recklessness or any other form of action for which a release may be legally given (including attorneys’ fees and costs) which may arise by or in connection with my participation in the Activity. I agree further to **HOLD HARMLESS AND INDEMNIFY** CaringOn, its directors, officers, agents and employees from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever (including attorneys’ fees and costs) by any person which may arise by or in connection with my conduct while participating in the Activity.

2.) Service Providers. I understand that CaringOn does not represent or act as an agent for the transportation carriers, hotels, and other suppliers of services connected with the Activity. I further understand and agree that CaringOn, its directors, officers, employees and agents are not responsible or liable for any injury, damage, loss, accident, delay or other irregularity which may be caused or contributed to by the negligence or default by any company or person engaged in providing or performing services in connection with the Activity.

3.) Authorization to Use Image, Voice. I give CaringOn permission to reproduce and use for promotional purposes any and all photographs, videos, movies, or sound recordings taken of me during my participation in the Activity.

4.) Home Health Care Services Assessment. By initialing here, I am affirmatively declining any assessment for home health care services during my participation in the Activity for any person for whom I am providing care.

I hereby certify that I am at least 21 years of age. I am signing this document voluntarily, and intend to be legally bound by its terms. I have read all of its provisions, and fully understand its significance.

Date: _____

Caregiver Signature: _____

Please print name: _____