

**SUPPLEMENTAL  
CITY OF OAKLAND  
AGENDA REPORT**

OFFICE OF THE CITY CLERK  
2006 JUN 15 PM 4:05

TO: Office of the City Administrator  
ATTN: Deborah Edgerly  
FROM: Department of Human Services  
DATE: June 20, 2006

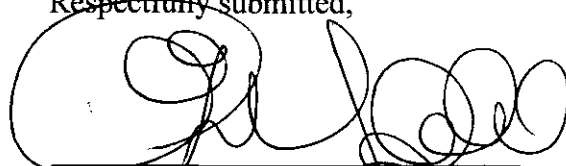
RE: **A SUPPLEMENTAL REPORT ON THE SENIOR COMPANION PROGRAM  
(SCP) AND FOSTER GRANDPARENT PROGRAM (FGP) FOR THE FISCAL  
YEAR 2006-2007**

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**SUMMARY**

This supplemental report, requested by the Life Enrichment Committee on June 13, 2006 responds to the request to provide additional information: a break out of both the Senior Companion Program and the Foster Grandparent Program clients served by zip codes, a client satisfaction survey form and a volunteer evaluation form.

Respectfully submitted,



**ANDREA YOUNGDAHL**  
Director, Department of Human Services

APPROVED AND FORWARDED TO THE  
CITY COUNCIL:



**OFFICE OF THE CITY ADMINISTRATOR**

Item: \_\_\_\_\_  
**City Council  
June 20, 2006**

**SENIOR COMPANION PROGRAM/FOSTER GRANDPARENT PROGRAM****Table 1****CLIENTS SERVED BY ZIP CODES (%):**

<b>#</b>	<b>ZIP CODE(S)</b>	<b># OF SCP CLIENTS</b>	<b># OF FGP CLIENTS</b>	<b>Total</b>	<b>Total % PER ZIP</b>
1	94601	56	5	61	9.43
2	94602	20	6	26	4.02
3	94603	6	5	11	1.71
4	94605	3	3	6	1.08
5	94606	102	10	112	17.39
6	94607	73	20	93	14.39
7	94608	20	9	29	4.48
8	94609	20	3	23	3.39
9	94610	10	0	10	1.56
10	94611	25	2	27	4.20
11	94612	102	30	132	20.42
12	94619	13	0	13	2.00
13	94620	1	0	1	.15
14	94621	14	6	20	3.09
15	94501	29	21	50	7.73
16	94577	1	0	1	.15
17	94702	7	4	11	1.71
18	94703	7	0	7	1.09
19	94704	2	2	4	.61
20	94705	2	3	5	.79
21	94707	1	1	2	.15
22	94710	2	1	3	.46
	<b>Totals</b>	<b>516</b>	<b>131</b>	<b>647</b>	<b>100%</b>



**CITY OF OAKLAND**  
**SENIOR COMPANION / FOSTERGRANDPARENT**  
**Client Satisfaction Survey**  
**FY: 04/05**

1. Name: \_\_\_\_\_
2. SC/FG Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_

5. mm/dd/yyyy \_\_\_\_\_ Age: \_\_\_\_\_ (Male/Female): \_\_\_\_\_

6. What is your Ethnic Background? \_\_\_\_\_

7. Are You:  Low Income  Middle Income  High Income

8. I have a need for a SC/FG.   

Strongly Agree	Somewhat Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. My SC/FG does what I want him/her to do.   

Strongly Agree	Somewhat Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I need more time with my SC/FG   

Strongly Agree	Somewhat Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. I like having a SC/FG.   

Strongly Agree	Somewhat Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you have any other comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. I want my SC/FG to help me with: (Please List) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Optional: What do Seniors/Youth need most? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Complete and Return by May 31, 2005**



**CITY OF OAKLAND**  
**SENIOR COMPANION / FOSTER GRANDPARENT PROGRAM**  
**FY: 04/05**  
**VOLUNTEER EVALUATION**

1. Name of Volunteer: \_\_\_\_\_
2. Station: \_\_\_\_\_
3. Serves a minimum of 15 hours per week.  Yes  No
4. Consistently reports to supervisor as scheduled monthly.  Yes  No
5. Consistently completes timesheets and Care Plans / Activity Worksheets.  Yes  No
6. Attends Station training sessions and Program In-Service/Special as required.  Yes  No
7. Maintains steady schedule and low absenteeism.
 

Below Standard	Standard	Above Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Shows willingness to accept volunteer assignments and manages a minimum of 4 clients.
 

Below Standard	Standard	Above Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Demonstrates ability to perform essential tasks as outlined in Care Plans / Activity Worksheets.
 

Below Standard	Standard	Above Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Recognizes and honors the right of clients (all ages) to confidentiality and self determination.
 

Below Standard	Standard	Above Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Works effectively with Station Supervisor/Staff. Accepts constructive criticism in mature manner.
 

Below Standard	Standard	Above Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Demonstrates knowledge of and ability to use community resources.
 

Below Standard	Standard	Above Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Take advantage of opportunities for additional training and workshops.
 

Below Standard	Standard	Above Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Shows care in personal grooming.
 

Below Standard	Standard	Above Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the volunteer made an impact at your site? \_\_\_\_\_

*I have read and understand this evaluation. I can appeal this form if I should disagree.*

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Station Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Complete and Return ASAP.**