Family Support Team Packet

If you have questions about the enclosed packet, please contact:

MHS Social Work Services
253.403.1126
What is a Family Support Team?
A family who has a loved one in the hospital does not travel on this journey alone. There are so many others — friends, co-workers and community members — who are ready to give the extra help that these families need.

A Family Support Team (FST) lets your family focus on your loved one when he or she is in the hospital or in recovery. By creating FST before your loved one enters the hospital, you will be better able to prepare for the stay away from home.

CREATING A FAMILY SUPPORT TEAM

The first step in creating your FST is to fill out a Family Needs Assessment form and to choose a Team Leader. Your Team Leader then organizes the Family Support Team Members who want to help your family while your loved one is ill and/or recovering in the hospital and is the first point of contact for team members.

Some examples of the kinds of help your family may need from team members are:
• Meals
• House work
• Yard work
• Transportation
• Social media point person
• Spiritual support
• Running errands
• Child care

Some examples of team members are:
• Church members
• Co-workers
• Family members
• Friends
• Neighbors

TIPS FOR CHOOSING A TEAM LEADER

Your team leader should be:
• A very close family member or friend
• Someone you trust
• Someone who can organize your needs
• Someone who can give good, reliable support but who will respect the boundaries you set
• Someone you wouldn’t mind knowing private health information about your family and loved one

You will need to be sure you are clear about what help you expect to get from your team leader. You should practice the best way to ask your team leader for help and how to ask him or her to give your family private time or space. Some examples are on the following pages.
What is the role of the Team Leader?

The Family Support Team Leader is a person chosen by you to be your primary point person when your loved one is in the hospital and recovery. He or she is the messenger between you and the rest of your Family Support Team. The team leader should be a trusted relative or friend who is comfortable having his or her email address and phone number given out so that the other family members and friends can contact him or her as they need to. The team leader should anticipate receiving phone calls and email messages from other team members the entire time you need help from your Family Support Team.

THE FAMILY SUPPORT TEAM LEADER HAS SEVERAL JOBS:

1. Understand the needs of the caregiver(s)
   The team leader will need to get a list of your family’s needs, and make sure that list is updated regularly. You can fill out a Family Needs Assessment Form to help with this. This list lets the team leader give your relatives and friends ideas on how they can help.

2. Find the team members
   The team leader will need to create a list of the team members. The list should include contact information for the team members, and the kind of help that each team member can give.
   Team members can be found in two ways:
   • When friends, relatives or co-workers contact the team leader directly to offer help.
   • When the team leader contacts people your family has included on your Family Suggested Team Member Contacts form — a list your family made before your loved one went to the hospital that includes names of people willing to help.

3. Coordinate the help schedule on a calendar
   The team leader will create and update the schedule of help offered by team members on a calendar that is given out to your family and all the team members.

4. Maintain your emergency contact list
   The team leader will maintain the names and contact information on your emergency contact list. These people are identified by your family in advance and should be contacted by the team leader for additional support for the family, if an emergency situation occurs.
Guidelines for the Family Support Team Leader

**Step 1:**
After agreeing to be the team leader, make sure the caregivers “announce” you as the team leader by entering your name, phone number and email address on their email communications, personal blog, and when they talk to other friends and relatives. This way the family’s relatives and friends can contact you about ways to help the caregivers and be a part of the Family Support Team.

**Step 2:**
Get the completed Family Needs Assessment form from the caregivers as soon as possible — ideally before their loved one checks into the hospital. You may be receiving this packet after an injury or sudden new diagnosis.

**Step 3:**
Get the completed Family Suggested Team Member Contacts form from the caregivers.

**Step 4:**
Get the completed Emergency Contact List from the caregivers. Talk with the caregivers about when you should contact the people on the Emergency Contact List. (If a crisis occurs, double-check with the family and make sure they want you to share this information with others on their behalf.)

**Step 5:**
Ask the caregivers how often they would like you to check in with them. Set a specific time and frequency (such as, “once a day at 10am”; or, “Mondays and Wednesdays at noon”). Check in with the family at the set time to find out if their needs are being met by the support team and to ask what additional help is needed.

**Step 6:**
Use the family needs list from the Family Needs Assessment form to suggest tasks to team members that contact you to offer help.

**Step 7:**
Keep a list of the names and contact information (phone and email) of relatives and friends interested in helping with the family’s needs and what type of help/ service they can offer using the Team Member Contact List.

**Step 8:**
Use the calendar templates given to you to record the name of team member, the specific service, and date/time they will be coming. Provide a copy of the “calendar of help” to the family and update the calendar as new help is offered by team members.

Additional copies of the Family Support Team forms are available from the MultiCare Health System Social Work Services or on our website at multicare.org/health-2

A web-based calendar template is also available at www.carecalendar.org/v2/calendarsetup.php
Family Needs Assessment

**Caregiver:** Fill out this form before your loved one goes into the hospital and give it to your Family Support Team Leader so he/she can create your Family Support Team and help schedule.

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### Caregiver information

Name(s): ____________________________________________

Street address: ____________________________________________________________

City, State, Zip: __________________________________________________________

Email: _________________________________________________________________

Home Phone: ___________________________ Cell: __________________________

Where are you staying during the hospitalization?

- [ ] Home
- [ ] Hospital room
- [ ] Tree House

**Caregivers’ communication preferences** (check all that apply)

- [ ] Email address: _____________________________________________________

- [ ] Other website/blog address: __________________________________________

- [ ] Phone (preferred phone # and times): _________________________________

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### Team Leader

Name: ____________________________________________

Email: ____________________________________________

Home Phone: ___________________________ Cell: __________________________

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### Estimated dates help is needed

Start date: ___/___/_______

Estimated End date: ___/___/_______
Your Family's Help Needs

**Cargiver:** Check each area of help that your family needs and provide as many details as you can.

☐ **Support in the hospital**
  - Bring in meals ___ Take out for meals
  - Bring extra change of clothes
  - Visit
  - Bring mail
  - Bring books/entertainment
  - Provide transportation
  - Other: ____________________________________________________________

☐ **Visits**

**Hospital:** Preferred visiting hours
Times: ____am to ____pm
Days:  [ ] Mon  [ ] Tues  [ ] Wed  [ ] Thurs  [ ] Fri  [ ] Sat  [ ] Sun
Comments: __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

**Home:** Preferred visiting hours
Times: ____am to ____pm
Days:  [ ] Mon  [ ] Tues  [ ] Wed  [ ] Thurs  [ ] Fri  [ ] Sat  [ ] Sun
Comments: __________________________________________________________

_____________________________________________________________________

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☐ **Recovery Support**
  - Accompany to multiple follow-up visits (radiation therapy, physical therapy, speech therapy, etc.)
  - Dates & times if known (frequency once a day, once/twice a week, etc.)
Childcare

Name of child: ____________________________________________________________
Age: ____________________________________________________________________
Allergies: ____________________________________________________________________
Special needs: ____________________________________________________________________
Times and preferred childcare location:
☐ home ☐ hospital ☐ team member house
Extracurricular activities (sports, lessons, meetings) ____________________________________________

Name of child: ____________________________________________________________
Age: ____________________________________________________________________
Allergies: ____________________________________________________________________
Special needs: ____________________________________________________________________
Times and preferred childcare location:
☐ home ☐ hospital ☐ team member house
Extracurricular activities (sports, lessons, meetings) ____________________________________________

Name of child: ____________________________________________________________
Age: ____________________________________________________________________
Allergies: ____________________________________________________________________
Special needs: ____________________________________________________________________
Times and preferred childcare location:
☐ home ☐ hospital ☐ team member house
Extracurricular activities (sports, lessons, meetings) ____________________________________________

Other pertinent information about the child(ren):
__________________________________________________________________________
__________________________________________________________________________
☑ **Housework** (check all that apply)

- ☐ Cleaning  
  Details: ____________________________________________
- ☐ Grocery shopping  
  Details: ____________________________________________
- ☐ Laundry  
  Details: ____________________________________________
- ☐ Pet care  
  Details: ____________________________________________
- ☐ Mail/newspaper pick up  
  Details: ____________________________________________
- ☐ Garbage/recycling  
  Details: ____________________________________________

☐ **Meals at Home**

- **Breakfast:** ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
- **Lunch:** ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
- **Dinner:** ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Usual meal times:  
Breakfast _________  Lunch _________  Dinner _________

Number of people eating: ________________________________

Food sensitivities: ______________________________________

Diet restrictions: _______________________________________

Favorite foods: _______________________________________

Specific dislikes: ______________________________________

Details: _____________________________________________

_________________________________________________________________

☐ **Yardwork**

- Equipment provided? : Yes/No
  Details: _____________________________________________

_________________________________________________________________

☐ **Other**

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Family Suggested Team Member Contacts

**Caregiver:** Please list people you know would like to be contacted by the team leader to help. Once completed, give this form to your team leader.

Name: __________________________________________________________________________

What type of help can they offer? __________________________________________________________________________

Email: ___________________________________________ Phone: __________________________

Name: __________________________________________________________________________

What type of help can they offer? __________________________________________________________________________

Email: ___________________________________________ Phone: __________________________

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What type of help can they offer? ____________________________________________
Email: __________________________ Phone: ________________________
Emergency Contact List

**Caregiver:** Please list friends, relatives and others who should be contacted by your Family Support Team Leader if there is an emergency. Once completed, give this form to your team leader.

Name: __________________________ Relation: __________________________
Email: __________________________ Phone: __________________________
Preferred contact method: ____________________________________________

Name: __________________________ Relation: __________________________
Email: __________________________ Phone: __________________________
Preferred contact method: ____________________________________________

Name: __________________________ Relation: __________________________
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Name: __________________________ Relation: __________________________
Email: __________________________ Phone: __________________________
Preferred contact method: ____________________________________________
Emergency Contact List

*Parent:* Please list friends, relatives and others who should be contacted by your Family Support Team Leader if there is an emergency. Once completed, give this form to your team leader.

Name: ___________________________ Relation: ___________________________
Email: ___________________________ Phone: ___________________________
Preferred contact method: _____________________________________________

Name: ___________________________ Relation: ___________________________
Email: ___________________________ Phone: ___________________________
Preferred contact method: _____________________________________________

Name: ___________________________ Relation: ___________________________
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Name: ___________________________ Relation: ___________________________
Email: ___________________________ Phone: ___________________________
Preferred contact method: _____________________________________________

Name: ___________________________ Relation: ___________________________
Email: ___________________________ Phone: ___________________________
Preferred contact method: _____________________________________________

*(Optional Information)*

Your religious preference/affiliation _______________________________________

Clergy/spiritual advisor contact __________________________________________

Phone number _________________________________________________________
# Team Member Contact List

**Team Leader:** Fill out this form to keep track of the Family Support Team member list.

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<th>Name</th>
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Type of help offered: __________________________________________________________

Comments: __________________________________________________________________

Name: __________________________________ Relation: __________________________________

Email: ______________________________ Phone: ______________________________

Type of help offered: __________________________________________________________

Comments: __________________________________________________________________
Family Support Team ~ Calendar of Help (Team Leader to complete)

Month_________________________________________ Updated on: ________________________________

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