



WHISPER

Willoughby Hills Isolated Senior Program Everyday Relief

"Bridging the Gap to Help Our Seniors"

W.H.I.S.P.E.R. GUIDELINES
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WHISPER PROGRAM COMMITTEE:

- 1) Police Chief or his designee
- 2) Fire Chief or his designee
- 3) Road Superintendent or his designee
- 4) Council Representative
- 5) TWO Community Volunteers
 - *Selected by Mayor's Office*
 - *Serves from January 1 – December 31*
- 6) Mayor's designee (Facilitator)
 - *Will receive all documents (requests, complaints, donations)*
 - *Forward designated paperwork to the Committee*
 - *Maintain a record of all program activities.*

This body functions independently and will convene annually for the sole purpose of reviewing systems and procedures.

WHISPER COMMITTEE DUTIES

1) Indoor Requests:

- Accept (from Facilitator), review, approve or deny the request as a committee (4 of 7 members must agree)
- Communicate with Council on Aging or other resources for any resident requests outside of the scope of WHISPER, including financial needs.

2) Outdoor Requests:

- Review report including receipts of ALL Outdoor jobs
- Review complaints (forwarded from Facilitator), make appropriate determinations
- Communicate with Council on Aging or other resources for any resident requests outside of the scope of WHISPER, including financial needs.
- Evaluate/determine validity of resident request NOT on approved task list.

3) Review, approve or deny all expenditures prior to submission to Finance Department to process for payment.

4) Accept all donations, forward donations to Finance Department and request Facilitator mail thank you note.

5) Maintain records to include requests received, tasks performed, tasks denied, volunteer log, expenditures and donations. Ensure that records are made public by way of the City website.

6) Accept volunteer applications; review, approve or deny.

From time to time, the need may arise for the WHISPER Committee to revise and update procedures and processes described in the booklet. When the need presents to make changes to any document in this booklet, the WHISPER Committee Council Representative will be obliged to advise during a Regular Council Meeting of the problem and resolution as soon as possible.

Full transparency is important to the WHISPER Program's success and operation for years and years to come.

STANDARD SERVICES LIST

Immediate Committee approved TASKS shall include:

NO PRIOR APPROVAL

(\$100.00 limit each request/per Senior)

- RAKING LEAVES
- LAWN MOWING, EDGING
- WATERING PLANTS, LAWN
- CUTTING SHRUBS, BUSHES, SMALL TREES
- SWEEPING PORCH, STOOPS, STEPS
- PAINTING (STEP, STOOP, PORCH, DECK, DOOR)
- SHOVELING SNOW
- TRASH REMOVAL
- MINOR REPAIRS (i.e. tightening screws, changing light bulbs, fixing leaking hose, etc.)

➤ *These tasks may be dispatched as soon as possible and will not require pre-review by all WHISPER Committee members*

➤ *Each task will be recorded and reviewed at next WHISPER Committee Mtg.*

Prior Committee reviewed/approved TASKS shall include:

- IN-HOME DUSTING, VACUUMING, GENERAL CLEANING
- INSIDE/OUTSIDE WINDOW WASHING
- MINOR PAINTING
- MINOR REPAIRS
- TECHNOLOGY ASSISTANCE
- BATTERY/BULB CHANGES

➤ *Requests will be gathered by Facilitator and presented to committee at next meeting*

➤ *Risk management will be reviewed*

VOLUNTEER Overview

HOW TO VOLUNTEER

Each volunteer is required to complete a "Volunteer Application" which includes the *WHISPER Volunteer Agreement Full & Final Release/Waiver/Full Indemnification*. Both forms will be recorded on the "Volunteer Master List" spreadsheet.

Volunteers under the age of 18 will need to obtain permission to participate from a parent or legal guardian. By law, minors will not need to undergo background checks while all adult volunteers will be required to submit to a background check. There will always be at least 2 volunteers assigned to a job.

The WHISPER volunteers are covered by the City's General Liability Coverage Insurance while performing a task. Every effort is made to practice safe and sensible encounters with minors having adult supervision and adequate staffing for every task. The volunteers will not be put in unsafe situations or be asked to perform tasks that may incur harm to them or others. Both the person requesting the service and the volunteers are required to sign the "hold harmless" form on their respective forms before beginning any work.

VOLUNTEER TASK NOTIFICATION AND RESPONSIBILITIES

WHISPER will maintain a list of individuals and volunteer groups who are available for tasks. This list will be maintained by the WHISPER Committee and reviewed on at least an annual basis.

The information shall include:

- Individual or Group's Name (if Group, point of contact & title) Point Person would then indicate available volunteers with ages and restrictions (if applicable) on spreadsheet
- Email contact
- Address
- Phone
- Age
- Restrictions (Physical restrictions or time restrictions)
- Requested tasks to apply to assist with
- Miscellaneous information (free form to indicate any other points)

When a service need becomes available, the volunteer shall be notified via mail and/or email, followed up with a phone call (if necessary.) The information will the job location, description of the job, the name of the accompanying volunteer, the name of the supervising adult (if applicable), the City issued ID badge and duty slip. The supervising adult will wear a City issued pictured name badge and will provide the senior resident a duty slip that will list all duties being performed. Senior will be asked to sign the duty slip once job is completed and provide any comments. Once job concludes, the volunteer or supervising adult volunteer will turn in any/all receipts, duty slip and ID badge to the facilitator.

The volunteer is responsible for advising the Facilitator of his/her availability and willingness to perform the task. Each volunteer is responsible for signing in and out of the assigned task through the Facilitator. This will allow the Facilitator to document volunteers and certify hours worked for School Credit, if applicable. No Shows will be noted on the Master Volunteer List. Please make every effort to fulfill volunteer commitment and notify the Facilitator as soon as possible if you are unable to serve at an assignment you had previously agreed to take.

VOLUNTEER ASSESSMENT

- The number of volunteers needed to complete the task.
- The volunteers have the skills that are needed.
- If there is a group of individuals for the task, or if it will only require the two-volunteer minimum.
- If there is liability whereby risk management assessment is required.

**WILLOUGHBY HILLS ISOLATED SENIORS PROGRAM
FOR EVERYDAY RELIEF ("WHISPER")**

VOLUNTEER APPLICATION

DATE: _____

NAME OF INDIVIDUAL OR GROUP: _____

AGE OF INDIVIDUAL(S): _____

CONTACT PERSON/ PARENT/GUARDIAN: _____

ADDRESS OF VOLUNTEER: _____

PHONE: _____ **ALTERNATE PHONE:** _____

EMAIL ADDRESS: _____

**MY CHILD _____ IS A MINOR AND I _____
AM GIVING PERMISSION FOR HIM/HER TO BE A WHISPER VOLUNTEER.**

Signature of Parent/Guardian

Date

**IF YOU ARE 18 YEARS OR OLDER, ARE YOU WILLING TO SUBMIT TO A
BACKGROUND CHECK? Y/N _____**

**IF YOU ARE 18 YEARS OR OLDER, HAVE YOU ALREADY HAD A
BACKGROUND CHECK WITHIN THE LAST YEAR? Y/N _____**

PROVIDE DETAILS: _____

WHAT ASSISTANCE /SERVICES ARE YOU ABLE TO PROVIDE?

ARE YOU ABLE TO SERVE AS A DRIVER? Y/N _____

(You must be 25 years or older; have a valid driver's license, proof of full coverage insurance)

IF GROUP, HOW MANY VOLUNTEERS CAN YOU PROVIDE? _____

AVAILABILITY OF EACH VOLUNTEER (Sun-Sat, AM/PM)

COMMENTS: _____

Please return this form to:

MAIL: City of Willoughby Hills, Mayor's Office 35405 Chardon Road Willoughby Hills,
OH 44094

EMAIL:

FAX:

If you have any questions, please call (440) 918-8730

**WHISPER – VOLUNTEER AGREEMENT/ FULL AND FINAL
RELEASE/WAIVER/FULL INDEMNIFICATION**

*Our mission is to provide help to the seniors of the City of Willoughby Hills
in need of assistance, temporarily or permanently.*

This agreement is intended to indicate the seriousness with which WHISPER treats our volunteers. The intent of the agreement is to assure both our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience a productive and rewarding one.

I. WHISPER PROGRAM STAFF

WE, THE WHISPER PROGRAM STAFF, AGREE TO ACCEPT THE
SERVICES OF _____
BEGINNING _____,
AND WE COMMIT TO THE FOLLOWING:

1. To provide adequate information, training and assistance for you to be able to meet the responsibilities of your volunteer assignment.
2. To ensure diligent supervisory aid to you and provide feedback on performance.
3. To respect your skills, dignity and individual needs, and to do our best to adjust to these requirements.
4. To be receptive to any comments from you regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat you as an equal partner with WHISPER Staff, jointly responsible for completion of WHISPER'S mission.

II. VOLUNTEER

I, _____, recognizing the important responsibility I am undertaking in serving as a member of the WHISPER Volunteer Program, agree to serve in a trustworthy and diligent manner as a volunteer and commit to carry out the duties and obligations in my role as a volunteer as follows:

1. To perform my volunteer duties to the best of my ability and advocate for our community's seniors in a positive and supportive manner.
2. To adhere to and support WHISPER rules and procedures.
3. To provide the help that reflects our community's values of fairness, honesty, equality, and responsibility to assist others in need.

If for any reason, I find myself unable to carry out the above duties to the best of my ability, I agree to resign my position as volunteer.

Further, I understand that I am agreeing that as a volunteer, I will perform activities that I am comfortable doing and may be hazardous and I assume all risks of any nature whatsoever. WHISPER Staff has taken every precaution to avoid any liability, risk or hazard in any assigned task. I understand that “outside the home tasks” do not warrant the volunteer access “inside the home” at any time under any circumstances. I also agree that I will not hold the City of Willoughby Hills responsible for any damage, injury, claim or cause of action to me or my property as a result of my participation in the WHISPER Program. I fully release and discharge the City of Willoughby Hills, its employees, agents and representatives. I agree to be responsible for my behavior and to indemnify and hold harmless the City of Willoughby Hills from any and all damages, causes of action, negligence or any other claims or liabilities arising out of my activities as a volunteer. I also grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this program.

AGREED TO:

Volunteer

WHISPER Staff

Date

Date

If volunteer is under the age of 18, a parent’s authorization is required:

Parent authorizing child’s participation

Date



City of Willoughby Hills Release

In consideration of permission granted to me for my participation in a City of Willoughby Hills, Willoughby Hills Recreation Department, Willoughby Hills Community Center, Willoughby Hills Senior Center, Willoughby Hills Isolated Senior Program for Every Day Relief (W.H.I.S.P.E.R.) or Willoughby Hills Youth Sports League Program (hereinafter referred to collectively as "City Program") and other valuable consideration, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Willoughby Hills, its Recreation Department, Community Center, Senior Center, W.H.I.S.P.E.R., Youth Sports League, officers, directors, employees, officials and agents, jointly and severally, from any and all claims, demands, causes of action, judgements, and executions, which may arise out of my participation in a City Program.

Further, in consideration of permission granted to me for my participation in a City Program, I hereby agree to the fullest extent permitted by law, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify, hold harmless and defend the City of Willoughby Hills, its Recreation Department, Community Center, Senior Center, W.H.I.S.P.E.R., Center for the Arts, officers, directors, employees, officials and agents, from and against any and all losses, claims, demands, payments, costs, fees, attorney's fees, suits, causes of action, recoveries and judgments, of every nature and description, made, brought or recovered against the City of Willoughby Hills, and any of its departments or representatives, at any time by reason of my participation in a City Program.

Further I, as a participant in a City Program, agree to adhere to any and all rules, policies and guidelines as set forth by the City of Willoughby Hills, the State of Ohio, the Ohio Department of Health, Lake County, the Lake County Board of Health, and/or the Responsible Restart Ohio Sector Specific Operating Requirements, as they pertain to the COVID-19 pandemic and the City of Willoughby Hills' response, including but not limited to the screening participants for signs of fever, acknowledgement by participants of being COVID-19 symptom free, and social distancing protocols.

I, as a participant in the City Program noted below, hereby agree to the terms as stated above:

Print Name _____

Signature _____

City Program _____

Date _____

I, as a parent or legal guardian of a participant that is a minor, ward, or under the age of 18 years (hereinafter referred to as "Participant"), hereby consent to said Participant's participation in the City Program noted below, and agree to the terms as stated above as they relate to Participant's participation in the City Program named below.

Participant's Name _____

Participant's Age _____

City Program _____

Parent or Legal Guardian's Name _____

Signature of Parent or Legal Guardian _____

Date _____

WHISPER

INSURANCE COVERAGE FOR VOLUNTEERS

The City of Willoughby Hills currently carries Personal Liability Coverage through USI Insurance Services, LLC (www.usi.com), 10100 Innovation Drive, #220, Dayton, OH 45342, underwritten by the Public Entity Practice (PEP). Agent is Vice President, PEP, Mr. Rob Beglin with the following contact information: phone: 937-913-1320 and email rob.beglin@usi.com.

Mr. Beglin has confirmed that the City's Personal Liability Coverage provides coverage for volunteers, as outlined in Section III (B) (4) of the City's policy, which renews annually on October 18th. This section of the policy outlines coverage for "volunteer or student who performs a service for you at your request."

As a form of risk management, PEP also recommends the following as part of their "Volunteers: Best Practices" guidelines:

- Documented policies and guidelines that outline the expected duties and responsibilities of the volunteer and the organization.
- Consistent practices for onboarding that include background checks of all applicants. These background checks should include criminal records, sex offender, ID verification, drug screening and motor vehicle records check.
- In-person training of the volunteers that provide materials detailing the organization's mission, policies and safety guidelines.
- Obtaining waiver forms from the volunteers, if needed.
- Consistent supervisors of volunteers and their tasks.
- Rescreening of all volunteers at predetermined intervals, including motor vehicle record checks if the volunteer uses the organization's or their own vehicle in conducting tasks for the organization.

Volunteers are a great asset to an organization; however, they also create additional risks. Proactive risk management practices can help protect organizations and improve the services provided by these volunteers.

W.H.I.S.P.E.R. TASK

DATE: _____

LOCATION: _____

GROUP _____

	A	B	C
1	Name of Volunteer	Counselor/Teacher	Volunteer Form Completed?
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ELIGIBILITY REQUIREMENTS

- 1) YOU MUST LIVE IN THE CITY OF WILLOUGHBY HILLS
(THIS IS VERIFIED AT THE "ASSESSMENT" STAGE OF THE APPLICATION)
- 2) YOU MUST BE AGE 60 YEARS OF AGE OR OLDER.
(THIS IS VERIFIED AT THE "ASSESSMENT" STAGE OF THE APPLICATION)
- 3) A "SERVICE APPLICATION" SHOULD BE COMPLETED BY THE PERSON
NEEDING ASSISTANCE OR ANOTHER INDIVIDUAL REQUESTING THE
SERVICES ON THEIR BEHALF.

THE RESIDENT ***WILL NOT*** BE ASKED:

- 1) HOW MUCH MONEY THEY HAVE (I.E. CAN THEY AFFORD TO DO THIS
ON THEIR OWN WITHOUT OUR HELP).
- 2) IF THERE ARE OTHERS WHO CAN HELP THEM OUT (SUCH AS FAMILY
MEMBERS OR FRIENDS).

WE WILL MAKE EVERY ATTEMPT TO HELP ALL APPLICANTS.

REASONS WHY SOMEONE MAY NOT BE ABLE TO BE HELPED INCLUDE:

- FUNDS REQUIRED TO COMPELE THE JOB IS FINANCIALLY
CUMBERSOME TO THE PROGRAM
- THERE ARE NO VOLUNTEERS TO DO THE JOB.
- THE WEATHER DOES NOT COOPERATE TO COMPLETE THE JOB.
- THERE IS TOO MUCH LIABILITY FOR THE TASK AS DETERMINED BY
COMMITTEE AND/OR LAW DIRECTOR.
- THE RESOURCES ARE NOT AVAILABLE TO PERFORM THE TASK.
- THE RESIDENT HAS PUT RESTRICTIONS ON THE GROUP WHICH THE
PROGRAM CANNOT ABSORB.

**WILLOUGHBY HILLS ISOLATED SENIORS PROGRAM
FOR EVERYDAY RELIEF ("WHISPER")**

**APPLICATION FOR SERVICES
FULL & FINAL RELEASE/WAIVER/FULL INDEMNIFICATION**

PERSON NEEDING ASSISTANCE IS 60 YEARS OR OLDER? YES _____ NO _____

NAME: _____

CONTACT PERSON & NUMBER (IF DIFFERENT FROM INDIVIDUAL NEEDING ASSISTANCE): _____

ADDRESS: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

ARE THE REQUESTED SERVICES PERMANENT OR TEMPORARY? _____
(For example, someone may require assistance to have their lawn mowed once or twice while they are recovering from surgery.)

ARE THE REQUESTED SERVICES NEEDED FOR: INSIDE THE HOME _____
OUTSIDE THE HOME _____
INSIDE AND OUTSIDE _____

DESCRIBE THE ASSISTANCE/SERVICES THAT YOU ARE IN NEED OF:

WILL THE WHISPER PROGRAM NEED TO PURCHASE SUPPLIES? _____
(For example, someone may need assistance painting a door but may have already bought the can of paint.)

DESCRIBE SUPPLIES NEEDED: _____

I agree that I will not hold the City of Willoughby Hills responsible for any damage, injury, claim or cause of action to me or my property as a result of my participation in the WHISPER Program. I fully release and discharge the City of Willoughby Hills, its employees, and representatives, and to indemnify and hold harmless the City of Willoughby Hills from any and all damages, causes of action, negligence or any other claims or liabilities arising out this volunteer assistance. I understand that my name and address and any other information hereby provided may be Public Record as a result of this request and it may be published by the City as a recipient of services.

Signature

Date

Please MAIL this form to:

City of Willoughby Hills

Mayor's Office

35405 Chardon Road

Willoughby Hills, OH 44094

EMAIL:

FAX:

If you have any questions, please call (440) 918-8730

WHISPER PROGRAM

TRANSPORTATION

- ✚ When a Senior needs transportation services, the Facilitator will offer one of the following options:

Option1:

Lake Tran Round Trip

Option 2:

Lake Tran – to drop off (to appointment)

UBER /Volunteer driver – to pick-up (from appointment)

Option 3:

Uber/Volunteer driver Round Trip

- ✚ Volunteers may be dispatched to assist Seniors with teaching opportunities for services such as;
Food/household deliveries, Lake Tran /Uber

- ✚ Volunteer Drivers must present the following:

1. Valid driver's license and Full insurance coverage
2. Clean driving record – last 5 years
3. City issued Photo ID
4. Background Check
5. Mechanically sound vehicle

- ✚ Volunteer Drivers' document must be presented and approved by WHISPER Committee.

WHISPER EMERGENCY ACTION PLAN

- ❖ FACILITATOR INTAKES EMERGENCY NEED
 - CONFIRMS POLICE/FIRE INVOLVEMENT
 - OBTAIN REPORT TO INCLUDE WITH CASE DOCUMENTS
- ❖ FACILITATOR DETERMINES IF NEED IS A MATTER OF PHYSICAL SAFETY OR HEALTH CONCERN
- ❖ FACILITATOR HAS THE AUTHORITY TO START CORRECTIVE ACTION IF A REQUEST FROM A SENIOR REQUIRES IMMEDIATE ACTION THAT IF NOT PROCESSED WOULD HARM THE SENIOR
- ❖ AS SOON AS THE CORRECTIVE ACTION IS IN PROCESS, THE FACILITATOR WILL EMAIL WHISPER COMMITTEE MEMBERS AND REPORT THE SITUATION
- ❖ AT THE NEXT SCHEDULED WHISPER COMMITTEE MEETING, THE SITUATION WOULD BE THOROUGHLY REVIEWED TO DETERMINE IF ADDITIONAL ASSISTANCE IS NECESSARY OR IF SITUATION COULD HAVE BEEN MORE APPROPRIATELY MANAGED

DISCLAIMER:

While it is the mission of the WHISPER Program to assist every eligible Willoughby Hills Senior, there may be circumstances that prevent the assistance during the actual time of an emergency. You must call 911 first. The WHIPSER Program could possibly assist with correcting the problem after receiving a referral from the Department of Police or Fire.

FACILITATOR'S RECOMMENDATION TO APPROVE/DENY

(4 of the 7 members to review/approve):

WHISPER COMMITTEE **MAYOR REP.** (Name) _____

APPROVED _____ DENIED _____

REASON: _____

WHISPER COMMITTEE **FIRE CHIEF REP.** (Name) _____

APPROVED _____ DENIED _____

REASON: _____

WHISPER COMMITTEE **POLICE CHIEF REP.** (Name) _____

APPROVED _____ DENIED _____

REASON: _____

WHISPER COMMITTEE **ROAD SUPT REP.** (Name) _____

APPROVED _____ DENIED _____

REASON: _____

WHISPER COMMITTEE **COUNCIL REP.** (Name) _____

APPROVED _____ DENIED _____

REASON: _____

WHISPER COMMITTEE **RESIDENT REP.** (Name) _____

APPROVED _____ DENIED _____

REASON: _____

WHISPER COMMITTEE **RESIDENT REP.** (Name) _____

APPROVED _____ DENIED _____

REASON: _____

RECOMMENDATIONS:

SIGNATURES:

Facilitator's Signature	Date
Mayor's Signature	Date

REVIEW OF SERVICES APPLICATION REQUEST FORM

DATE: _____

PERSON NEEDING ASSISTANCE IS 60 YEARS OR OLDER? YES _____ NO _____

RESIDENT'S NAME: _____

RESIDENT'S ADDRESS: _____

RESIDENT'S PHONE NUMBER: _____

RESIDENT'S EMAIL: _____

OTHER FAMILY MEMBER INFORMATION (IF APPLICABLE):

ARE THE REQUESTED SERVICES PERMANENT OR TEMPORARY? _____

ARE THE REQUESTED SERVICES NEEDED FOR:

____ INSIDE THE HOME ____ OUTSIDE THE HOME ____ INSIDE AND OUTSIDE THE HOME

DESCRIBE THE ASSISTANCE/SERVICES NEEDED:

WILL THE WHISPER PROGRAM NEED TO PURCHASE SUPPLIES?

YES, EXPLAIN: _____

NO, EXPLAIN: _____

DESCRIBE SUPPLIES NEEDED: _____

APPROXIMATE COST TO PERFORM SERVICES: \$ _____

ADDITIONAL INFORMATION: _____

DENIALS

WHISPER will make every attempt to help all applicants. There may be an occasion, however, when the program is forced to deny assistance to a resident. Some of these reasons may include, but are not limited to:

- 1) THERE ARE COSTS REQUIRED TO DO THE JOB WHICH WHISPER CANNOT ABSORB.
- 2) THERE ARE NO VOLUNTEERS TO DO THE JOB.
- 3) THE WEATHER DOES NOT COOPERATE TO COMPLETE THE JOB.
- 4) THERE IS TOO MUCH LIABILITY FOR THE TASK.
- 5) THE RESIDENT HAS PUT RESTRICTIONS ON THE GROUP WHICH THE PROGRAM CANNOT ABSORB.
- 6) WE DO NOT HAVE THE SKILLS OR TOOLS TO PERFORM THE TASK.

If a denial is determined (by way of the WHISPER Committee), it will be documented on the “DENIAL” spreadsheet. In the “DENIAL FORM” shall be completed and signed by all Committee members, to include:

- Resident’s Name
- Name of individual requesting service (if different than resident)
- Address
- Phone Number
- Email Address
- Date of Request
- Task denied
- Reason for Denial/Date of Denial
- Alternative recommendations to resident, if applicable
- Signature of all Committee members issuing denial

IF WHISPER ADVISES A RESIDENT THAT A TASK CANNOT BE DONE, THE RESIDENT IS WELCOME TO WRITE THEIR COMPLAINT TO THE MAYOR, CITY OF WILLOUGHBY HILLS, 35405 CHARDON ROAD, WILLOUGHBY HILLS, OH 44094, OR PHONE AT 440-946-6614 TO DISCUSS THE DENIAL. THE MAYOR MAY RECONSIDER THE COMMITTEE'S DENIAL OF A TASK. THE MAYOR MAY CONSULT WITH THE LAW DIRECTOR OR THE FINANCE DIRECTOR IN MAKING HIS FINAL DECISION. ANY CHANGE IN THE COMMITTEE'S DENIAL SHALL BE DOCUMENTED AND MADE PART OF THE TASK FOLDER.

FACILITATOR RESPONSIBILITIES

By way of the current Job Description, the Mayor's Executive Assistant shall serve as the W.H.I.S.P.E.R. Program Facilitator (Coordinator). Duties include:

- Intake of the Service Request Form.
- Coordination of the review of the Service Request Form with the Program Committee.
- Communication with resident regarding acceptance or denial of the task.
- Planning task, to include assessing the task, building the resource pool and scheduling the task for execution.
- Ensuring the volunteers have completed the required paperwork to complete the task.
- Ensuring good risk management planning to ensure safety and minimizing City liability.
- Upon completion of the task, log the deed and expenses on the Master Logs for accurate record keeping.
- Follow up with the resident to ensure that the task has been completed to their satisfaction.
- Ensure that City's current insurance policies indicate the coverage for volunteers on an annual basis when the insurance is renewed.
- Ensure that the program's current rules and forms are maintained on the City website.

FACILITATOR CHECKLIST FOR:

TASK: _____

DATE: _____

	A	B	C	F
1	YES	NO	TASK	
2			SERVICE REQUEST FORM COMPLETED & RECEIVED BY FACILITATOR	
3				
4			SERVICE REQUEST FORM APPROVED OR DENIED.	
5				
6			DENIAL DOCUMENTED ON REVIEW OF SERVICES APPLICATION & RESIDENT NOTIFIED	
7				
8			APPROVAL DOCUMENTED ON REVIEW OF SERVICES APPLICATION, RESIDENT NOTIFIED & TASK SCHEDULED.	
9				
10			TASK ASSESSED.	
11				
12			RESOURCE POOL BUILT.	
13				
14			PURCHASE ORDERS COMPLETED (IF NECESSARY); SENT TO FINANCE DEPARTMENT.	
15				
16			VOLUNTEER PAPERWORK COMPLETED	
17				
18			ADULT VOLUNTEER BACKGROUND CHECK COMPLETED	
19				
20			ADULT VOLUNTEER CITY-ISSUED ID BADGE COMPLETED & PICKED UP BY VOLUNTEER	
21				
22			RISK MANAGEMENT REVIEWED FOR TASK.	
23				
24			TASK COMPLETED	
25				
26			RECEIPT(S), DUTY SLIP & ID BADGE (IF APPLICABLE) RETURNED	
27				
28			COMPLETED TASK IS LOGGED ON MASTER LOG	
29				
30			RESIDENT CONTACTED RE: TASK SATISFACTION.	
31			NOTES:	
32				
33				
34				
35				
36				
37			SIGNATURE:	
38			DATE:	

WHISPER EXPENDITURE PROCESS

AFTER COMMITTEE APPROVES A REQUEST:

- IT DETERMINES AND APPROVES AMOUNT NEEDED TO COMPLETE JOB
- FACILITATOR COMPLETES A PURCHASE ORDER REQUEST (WITH APPROVED AMOUNT) AND SUBMITS IT TO THE FINANCE DEPARTMENT
- FINANCE DEPARTMENT PROVIDES A CHECK TO FACILITATOR IN THE EXACT/APPROVED AMOUNT FROM **FUND 297 WHISPER PROGRAM SPECIAL REVENUE**
- FOLLOWING JOB COMPLETION, FACILITATOR COLLECTS RECEIPT(S) AND FORWARDS A COPY TO FINANCE DEPARTMENT AND ATTACHES A COPY TO MASTER LOG
- FACILITATOR DOCUMENTS EPISODE IN MASTER LOG

DONATIONS PROCEDURE:

In accordance with Ordinance NO. 2020-26, the Donations to WHISPER Program will go as follows:

- 1) DONATIONS SHOULD BE MADE PAYABLE TO:
CITY OF WILLOUGHBY HILLS, W.H.I.S.P.E.R. PROGRAM
35405 CHARDON ROAD
WILLOUGHBY HILLS, OH 44094
- 2) WITHIN 24 HOURS OF RECEIPT BY FINANCE DIRECTOR OR DESIGNEE, DONATIONS SHALL BE DEPOSITED INTO FUND 297 - WHISPER PROGRAM, SPECIAL REVENUE
- 3) FINANCE DIRECTOR OR DESIGNEE WILL CREATE A RECEIPT FOR THE DONOR LISTING THE EXACT AMOUNT DONATED WHICH WILL BE ACCOMPANIED BY A THANK YOU NOTE
- 4) UPON RECEIPT OF THE DONATION, THE PROGRAM FACILITATOR SHALL SEND A THANK YOU NOTE TO THE DONOR (SIGNED BY MAYOR) THAT CONTAINS THE EXACT AMOUNT DONATED WHICH WILL BE ACCOMPANIED BY A RECEIPT.
- 5) THE PROGRAM FACILITATOR SHALL LOG THE DONATION ON THE W.H.I.S.P.E.R. DONATION MASTER LOG THAT WILL CONTAIN THE FOLLOWING:

Donor's name, address and contact information

Date of donation

Amount of donation, cash or check #

Date & Name of Finance Department personnel receiving donation

HANDYMAN/CONTRACTOR SERVICES

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Company/Provider	Details
Ace Home Improvement Dave Cooper (440) 487-5733	General handyman, Carpentry, Ramps, Painting, Hauling
Tim Ambrose (440) 463-2951	Handyman services, construction, remodeling, electrical, and plumbing. Bonded and insured. References available
B.L.T. Solutions L.L.C. Bill Wakenshaw (440) 352-7331 or (440) 622-6626	General contractor, Home Improvement, Light electrical
Caprica Homes Keith Koch PO Box 499 Newbury, OH 44065 (440) 537-9969	General contractor, Carpentry, Painting, Plumbing and Electrical, etc. Specialize in walk-in showers
First Choice, LLC Joe Coughlin (440) 478-2790	Hauling, Trash removal, Clean-outs, Demolition, Landscaping
Fresh Coat Painters (440) 462-8566	Interior and exterior painting, cabinet refinishing, decks, wallpaper removal. Insured, bonded and lead certified
Ed Gaeta (440) 479-7652	Light plumbing and electrical, Drywall installation/repair, Painting, Tile work, Carpentry, and General property maintenance
GC Remodeling Gary (440) 221-4526	General handyman, Carpentry, Drywall repair, Light plumbing and electrical
Greg Ihnat (440) 487-5366	General handyman, Grab bars, Basic plumbing and electrical work, Sprinkler systems
Handyman for Seniors Jim Kent (440) 477-4595	Specializes in grab bars and hand rails
Jet Service Demo & Trucking (440) 413-3379	Demolition, Hauling, Home cleanouts
Jim's Services Jim Bartholomew (440) 463-5846	Light carpentry, Electrical, Painting, and Yard clean up

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