Family Support Team Packet
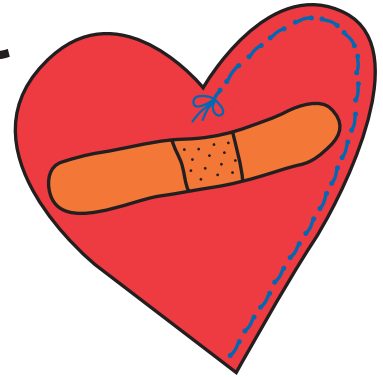
If you have questions about the enclosed packet, please contact:

Mary Bridge Social Work Services

253-403-1126

Mary Bridge Children's
MultiCare

What is a Family Support Team?

A family who has a child in the hospital does not travel on this journey alone. There are so many others — friends, co-workers and loved ones — who are ready to give the extra help that these families need.

A Family Support Team (FST) lets your family focus on your child when he or she is in the hospital or in recovery. By creating FST before your child 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 child is 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
• Spiritual support
• Running errands
• Child care

Some examples of team members are:
• Parent's co-workers
• Family members
• Child's teachers
• Friends

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 child

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.

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 child 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 parents

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 child 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.

Family Support Team

PARENTS

TEAM LEADER

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Team Member

Yard Work

House Work

Meals

Transpor-tation

Child Care

Spiritual Support
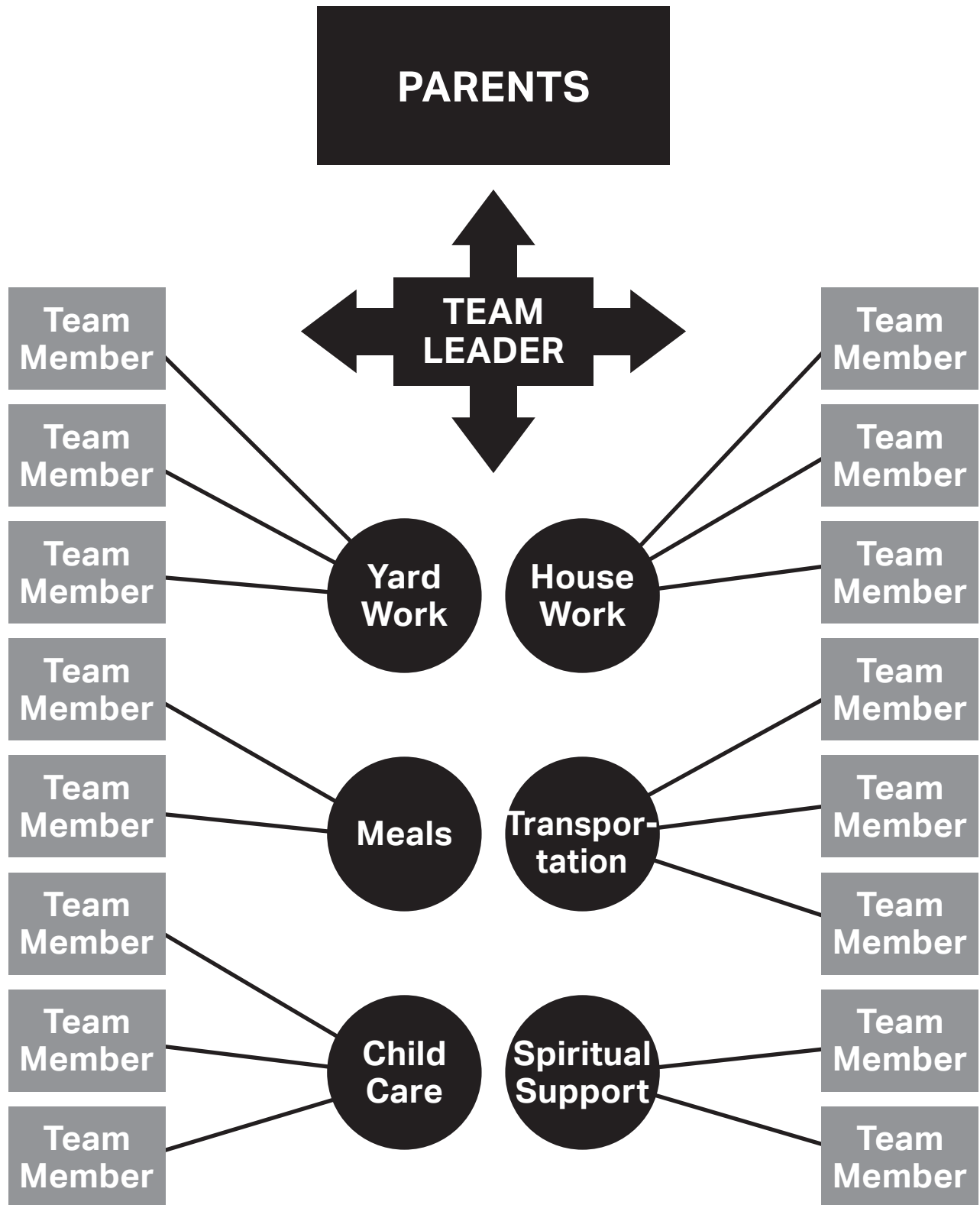
Guidelines for the Family Support Team Leader

Step 1:

After agreeing to be the team leader, make sure the parents "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 parents and be a part of the Family Support Team.

Step 2:

Get the completed Family Needs Assessment form from the parents as soon as possible — ideally before their child checks into the hospital.

Step 3:

Get the completed Family Suggested Team Member Contacts form from the parents.

Step 4:

Get the completed Emergency Contact List from the parents. Talk with the parents 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 parents 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 Mary Bridge Social Work Services or on our website at **multicare.org/familysupport**.

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

Family Needs Assessment

Parent: Fill out this form before your child 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.

Parent information

Name(s): _____

Street address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Cell: _____

Where are you staying during the hospitalization?

☐ Home   ☐ Hospital room   ☐ Tree House

Parents' communication preferences (check all that apply)

☐ Email address: _____

☐ Other website/blog address: _____

☐ Phone (preferred phone # and times): _____

Team Leader

Name: _____

Email: _____

Home Phone: _____ Cell: _____

Estimated dates help is needed

Start date: ___/___/_____

Estimated End date: ___/___/_____

Your Family's Help Needs

Parent: 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:_____

_____

_____

☐ **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

Parent: 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: _____

Name:_____

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What type of help can they offer?_____

Email: _____Phone: _____

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: _____

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Name:_____Relation:_____

Email: _____Phone: _____

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Email: _____Phone: _____

Preferred contact method:_____

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.

Name:_____Relation:_____

Email: _____Phone: _____

Type of help offered: _____

Comments: _____

Name:_____Relation:_____

Email: _____Phone: _____

Type of help offered: _____

Comments: _____

Name:_____Relation:_____

Email: _____Phone: _____

Type of help offered: _____

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Type of help offered: _____

Comments: _____

Name:_____Relation:_____

Email: _____Phone: _____

Type of help offered: _____

Comments: _____

Notes

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

Month_____   Updated on:_____

S	M	T	W	T	F	S

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

Month_____   _____ Updated on:_____

S	M	T	W	T	F	S

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

Month _____   Updated on: _____

S	M	T	W	T	F	S

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

Month _____ Updated on:_____

S	M	T	W	T	F	S

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

Month _____   Updated on: _____

S	M	T	W	T	F	S

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S	M	T	W	T	F	S