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

Willoughby Hills Isolated Senior Program for Everyday Relief

"Bridging the Gap to Help Our Seniors"

Prepared By: Willoughby Hills Council Subcommittee on WHISPER July 2020

MISSION STATEMENT

Willoughby Hills Isolated Senior Program for Everyday Relief (W.H.I.S.P.E.R.) was established to provide help to the seniors of the City of Willoughby Hills in need of assistance, temporarily or permanently.

GUIDELINES FOR
WILLOUGHBY HILLS ISOLATED SENIOR PROGRAM FOR EVERYDAY RELIEF
(WHISPER)

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WHISPER PROGRAM COMMITTEE
WILL BE COMPRISED OF:

1) Police Chief or his departmental designee

2) Fire Chief or his departmental designee

3) Road Superintendent or his departmental designee

4) Council Representative

5) TWO Community Volunteers (must be 18 years or older)
   - S*elected by Mayor's Office*
   - S*erves 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.*

WHISPER COMMITTEE DUTIES

This Administrative body functions independently and will convene annually for the sole purpose of reviewing systems and procedures. The WHISPER Committee oversees all operations of the WHISPER Program, specifically the following:

1) For Indoor Requests, The WHISPER Committee:

   - Accepts (from Facilitator), reviews, approves or denies (4 of 7 members must agree)
   - Communicates with Council on Aging or other resources for any resident requests outside of the scope of WHISPER, including financial needs.

2) For Outdoor Requests, The WHISPER Committee:

   - Reviews reports including receipts for ALL Outdoor jobs
   - Reviews complaints (forwarded from Facilitator); makes appropriate determinations
   - Communicates with Council on Aging or other resources for any resident requests that are outside of the scope of WHISPER, including financial needs.
   - Evaluates/determines validity of resident request NOT on approved task list.

3) WHISPER Committee reviews, approves or denies <u>all</u> expenditures prior to submission to Finance Department to process for payment.

4) WHISPER Committee accepts all donations, forwards donations to Finance Department and requests Facilitator mail thank you note.

5) Whisper Committee maintains 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) WHISPER Committee accepts volunteer applications; reviews, approves or denies.

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WHISPER COMMITTEE DUTIES

(CONTINUED FROM PREVIOUS PAGE)

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

The list below identifies the services offered by the WHISPER Program:

The following tasks can be immediately dispatched as soon as possible without further WHISPER Committee review or approval. A $100.00 limit has been set for each request/per Senior. Each task will be recorded and reviewed at the next WHISPER Committee meeting.

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

The following tasks will require WHISPER Committee review and approval. Each request will be gathered by the Facilitator and presented at the next WHISPER Committee meeting where risk management will be reviewed. Each request will be thoroughly discussed and put to a vote which will be recorded on the Facilitator's Review of Services Application Recommendation Form. Tasks NOT listed will be reviewed for consideration by the WHISPER Committee.

- IN-HOME DUSTING, VACUUMING, GENERAL CLEANING
- INDOOR/OUTDOOR WINDOW WASHING
- INDOOR MINOR PAINTING
- INDOOR MINOR REPAIRS
- TECHNOLOGY ASSISTANCE (COMPUTERS, PRINTERS, ETC.)
- INDOOR BATTERY/BULB CHANGES

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, arranged by the WHISPER Program Facilitator. 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)

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VOLUNTEER OVERVIEW

(CONTINUED FROM PREVIOUS PAGE)

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 include 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): _____

GROUP AFFILIATION: _____

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: _____
_____
_____

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VOLUNTEER APPLICATION

(CONTINUED FROM PREVIOUS PAGE)

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
Phone 440-918-8730

EMAIL: mayor@willoughbyhills-oh.gov
FAX: 440-975-3535

Please contact the Mayor's office with any questions or concerns.

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 COMMITTEE

We, the WHISPER Program Committee 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 Program Committee, jointly responsible for completion of WHISPER Program 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:

CONTINUED ON NEXT PAGE

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

(CONTINUED FROM PREVIOUS PAGE)

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. To adhere to and support WHISPER Program rules and procedures.
2. 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.

Furthermore, 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 Program Committee 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 participation 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 Program Committee Representative

_____ _____

Date Date

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

_____ _____

Parent authorizing child's participation Date

WHISPER PROGRAM
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.

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.

Furthermore, 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. Program, Willoughby Hills Youth Sports League Program, 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.

Furthermore, 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.

(CONTINUED ON NEXT PAGE)

City of Willoughby Hills Release

(CONTINUED FROM PREVIOUS PAGE)

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 _____

W.H.I.S.P.E.R
DOCUMENTATION OF TASK VOLUNTEERS

TASK ID # _____

DATE: _____

TIME IN: _____ TIME OUT:_____

LOCATION: _____

GROUP: _____

LEADER/SUPERVISOR:_____

Name of Volunteer	Volunteer Form Completed	Comments/Notes

ELIGIBLITY REQUIREMENTS TO RECEIVE SERVICES

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 COMPLETE THE TASK ARE FINANCIALLY UNMANAGEABLE FOR THE WHISPER PROGRAM.
- THERE ARE NO VOLUNTEERS TO DO THE TASK.
- THE WEATHER DOES NOT COOPERATE TO COMPLETE THE TASK.
- THERE IS TOO MUCH LIABILITY FOR THE TASK AS DETERMINED BY WHISPER PROGRAM 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 SENIOR 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 & 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:

_____

_____

CONTINUED ON NEXT PAGE

APPLICATION FOR SERVICES

(CONTINUED FROM PREVIOUS PAGE)

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
Phone: 440-918-8730

EMAIL: mayor@willoughbyhills-oh.gov
FAX: 440-975-3535

Please contact the Mayor's Office if you have any questions or concerns.

Office Use Only

TASK ID # _____

DATE/TIME APPLICATION RECEIVED BY FACILITATOR: _____

NOTES:

_____

_____

_____

_____

WHISPER PROGRAM
TRANSPORTATION

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

- ***Option 1:***

  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 or 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

- Confirm if 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 CORRECTION 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 WILL 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 9-1-1 first. The WHISPER Program could possibly assist with correcting the problem after receiving a referral from the Department of Police or Fire.

FACILITATOR'S REVIEW OF SERVICES APPLICATION REQUEST FORM

DATE: _____ TASK ID # _____

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

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: _____

_____

WHISPER PROGRAM COMMITTEE
APPROVAL/DENIAL FORM

Resident Address _____ Task ID # _____

(Task approval requires 4 of the 7 member's affirmation)

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 SUPERINTENDENT 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: _____

CONTINUED ON NEXT PAGE

WHISPER PROGRAM COMMITTEE
APPROVAL/DENIAL FORM

(CONTINUED FROM PREVIOUS PAGE)

RECOMMENDATIONS:

SIGNATURES:

Facilitator's Signature Date

Mayor's Signature Date

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

CONTINUED ON NEXT PAGE

DENIALS

(CONTINUED FROM PREVIOUS PAGE)

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 task 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.

CONTINUED ON NEXT PAGE

FACILITATOR RESPONSIBILITIES

(CONTINUED FROM PREVIOUS PAGE)

YES	NO	TASK
		SERVICE REQUEST FORM HAS BEEN COMPLETED
		SERVICE REQUEST FORM HAS BEEN APPROVED OR DENIED.
		IF DENIED, DENIAL IS DOCUMENTED BY COMMITTEE/RESIDENT NOTIFIED.
		IF APPROVED, RESIDENT IS NOTIFIED & TASK WILL BE SCHEDULED.
		TASK IS ASSESSED.
		RESOURCE POOL IS BUILT.
		PURCHASE ORDERS COMPLETED, IF NECESSARY.
		VOLUNTEER PAPERWORK IS COMPLETE.
		RISK MANAGEMENT IS REVIEWED FOR TASK.
		DEED IS CARRIED OUT.
		COMPLETED TASK IS LOGGED ON DEED & EXPENSE SHEET.
		RESIDENT IS CONTACTED RE. COMPLETED TASK SATISFACTION.
		NOTES:
		Signature:
		Date:

WHISPER
EXPENDITURE PROCESS

AFTER COMMIITTEE 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, 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 FUND

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 & First Name of Finance Department personnel receiving donation

HANDYMAN/CONTRACTOR SERVICES

Name	Company	Phone	Details
Dave Cooper	ACE Home Improvement	440-487-5733	General handyman, carpentry, ramps, painting & hauling
Tim Ambrose		440-463-2951	Handyman services, construction, remodeling, electrical and
			plumbing; bonded & insured; references available
Bill Wakenshaw	B.L.T. Solutions, LLC	440-352-7331 or	General contractor, home improvement, light electrical
		440-622-6626	
Keith Koch	Caprica Homes	440-537-9969	General contractor, carpentry, painting, plumbing & electrial.
P.O.Box 499	Newbury, OH 44065		Specialize in walk-in showers
Joe Coughlin	first Choice, LLC	440-478-2790	Hauling, trash removal, clean-outs, demolition and
			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 instatllation/repair,
			painting, tile work, carpentry and general property mtnc.
Gary	GC Remodeling	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,
			sprinkler systems
Jim Kent	Handyman for Seniors	440-477-4595	Specializes in grab bars and hand rails
	Jet Service Demo/Trucking	440-413-3379	Demolition, hauling and home clean-outs
Jim Bartholomew	Jim's Services	440-463-5846	Light carpentry, electrical painting and yard clean up
Mike Kufrin	M&M Remodeling Contractors	440-376-7465	Complete remodeling services, interior and exterior
Jim Mackey		440-391-3028	General handyman; no painting or plumbing
	Martin Painting/Decorating	440-257-7814	General handyman, painting, wall paper hanging/removal
Name	Company	Phone	Details
Julie Haneline	North Shore Sealcoating	440-344-6656	General contractor/handyman services, fall cleanups, fence
	and Asphalt		install/repair, sealcoating and/or asphalt patching

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HANDYMAN/CONTRACTOR SERVICES

Name	Company	Phone	Details
John Picciano		440-283-8337	General handyman, brick work, masonry, painting, minor
			roof repair
Mike/Rick	Primiano Landscape &	216-392-2449 Mike	Paver patios, retaining walls, clean-outs, tear-downs, gutter
	Design	440-289-7954 Rick	cleaning, lawn maintenance, dethatching
Ken	**Reddi Properties, LLC**	**440-313-6867**	**General handyman and maintenance, carpentry, painting and**
			more
David Breedlove	**Reflections Remodeling**	**440-413-7499 or**	**Carpentry, painting, floor refinishing, tile work, ramps,**
		440-354-5793	**light plumbing and electrical**
Terry Rotter	**The Humble Handyman**	**440-944-6110**	**General handyman**
Raymond Smartt		**440-645-0246**	**General handyman, painting, plumbing & light electrical**
Ron Vargo		**440-975-0789 or**	**Light electrical work, install/remove screen doors, general**
		440-477-2059	**home maintenance and hauling.**

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