

**Enhanced Housing Services  
Policy and Procedure Manual**

**New Hire SC Mentoring Program Worksheet**

**Service Coordinator's First Week**

**A.** Arrange formal meeting with Property Manager.

The purpose of this meeting is to establish a framework for building a positive working relationship. The goals are to identify potential problems, prioritize needs of Management, the Service Coordinator and the Residents. Additionally, information should be gathered regarding house rules, 911(emergency procedures), death of a resident and difficult behavior protocol.

**Please provide the following:**

**PM's stated goals**

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**SC's stated goals**

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**Goals for residents(combined)**

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**Emergency/911 procedure  
Death of a resident**

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**B. Establish regular weekly meetings**

To provide updates, progression /redefinition of goals, maintain teamwork concept.

**Provide meeting day & time** \_\_\_\_\_

**C. Schedule reception/introduction to residents**

**Date** \_\_\_\_\_

**D. Take/make opportunities to make informal contact with residents**

morning coffee, laundry room, community room. Keep a list of those residents, shows interest and an effort to get to know them.

**List resident contacts below**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**E. Telephone contact with mentor.**

Provide completed worksheet for the week. Take the opportunity to discuss feelings/needs

Establish weekly contact type/time. Provide below

Mentor \_\_\_\_\_

telephone \_\_\_\_\_

fax \_\_\_\_\_

e mail \_\_\_\_\_

**F. Review EHS SC Policy & Procedure Manual & EHS Service Coordination**

**Documentation Reference Guide/Complete Questions.**

Begin SC training on use of forms/reporting procedures.

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**Service Coordinators's Second Week - Fourth Week**

**A. Continue training on use of forms, reports, Program Manual Orientation checklist .  
Review checklist with appropriate staff member and mentor.**

**B. Establish & post office hours**  
Walk-ins, appointment only days, set aside time for documentation  
Provide tentative schedule below

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**C. Maintain Daily Log**

**D. Fax first resident folder**  
The documents are confidential, be sure to conceal all identifying information (name, Social security number etc.) Feedback will be received upon review.

**E. Continue to follow and complete Program Manual Orientation checklist and Bring the SC on Board tasks.**

**G. Submit monthly report and completed daily log at the end of the month to mentor and Dorothy.**

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**Service Coordinator's Second Month**

- A. Begin networking/building relationships with providers. Compile resources to be utilized in a Resource Directory. Complete the following contact list below. Provide list to mentor at the end of the this month.**

**Aging Network/ Area Office on Aging**

**Contact** \_\_\_\_\_  
**Agency** \_\_\_\_\_  
**phone#** \_\_\_\_\_

**Contact** \_\_\_\_\_  
**Agency** \_\_\_\_\_  
**Phone#** \_\_\_\_\_

**Mental Health Agency/ Hospital/Private Practitioner**

**Contact** \_\_\_\_\_  
**Agency** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Contact** \_\_\_\_\_  
**Agency** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Contact** \_\_\_\_\_  
**Agency** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Transportation/non- emergency/handicap accessible/Medicaid/taxi**

**Type** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**phone #** \_\_\_\_\_

**Type** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**phone #** \_\_\_\_\_

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Type \_\_\_\_\_  
Contact \_\_\_\_\_  
phone # \_\_\_\_\_

Type \_\_\_\_\_  
Contact \_\_\_\_\_  
phone# \_\_\_\_\_

**Benefit/Entitlement/ Insurance programs**  
Medicaid, Medicare, Social Security, Food Stamps

Agency \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Agency \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Agency \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Agency \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Agency \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

Agency \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone # \_\_\_\_\_

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**Adult Protective Services (APS)**

**Agency** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**phone#** \_\_\_\_\_

**Emergency Needs (pantries, clothing, furniture banks, rental assistance)**

**Agency** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Agency** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Agency** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Agency** \_\_\_\_\_  
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**Phone #** \_\_\_\_\_

**Agency** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

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**Local Hospitals/Discharge Planners**

**Hospital** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Hospital** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Hospital** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**B. Continue working with residents, with the goal of prioritizing service needs.**

**C. Maintain weekly contact with mentor. Identify strengths and/or weaknesses.**  
Highlight and build upon strengths/Plan corrective strategies.

**D. Identify and review goals concurrently with mentor and Director of QA.**

**Service Coordinator's Third Month**

**A. Provide list of residents' service needs. Be prepared to discuss service plan delivery strategy.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**B. Provide a completed Resource Manual at the end of the month**

**C. Seek out training opportunities that meet first year training requirements. (DOA must approve all training request)**

**Maintain Training Document Tracking form.**

Refer to SC training guidelines in EHS Policy and Procedure Manual.

**D. Provide flyer and sign-in sheet of an educational & wellness program facilitated by Service Coordinator.**

**D. Maintain mentor contact (2x per month by telephone)**

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**Service Coordinators Fourth- Six Months**

**A. Continue to build resident contact**, linking residents with services, follow EHS Service Coordination Documentation Reference Guide.

**B. Attend SC training** (approved by DOA)

**C. Provide update of PM/SC relationship and progress of goal attainment.**  
Restate PM/SC original goals and list outcome(s) or redefine goals.

PM \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SC \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Complete Mentoring Program checklist during the sixth month.**

**D. Terminate formal mentor/mentee relationship.**