



# Wrap-Up Form

**CONFIDENTIAL**

Stephen Ministry® Form

Date \_\_\_\_\_

1. Name of caregiver \_\_\_\_\_
2. Caring relationship originally initiated by \_\_\_\_\_
3. Date of initial contact \_\_\_\_\_
4. Date of final contact \_\_\_\_\_
5. Total number of caring contacts \_\_\_\_\_ Number of hours spent with care receiver \_\_\_\_\_
6. Type of caring \_\_\_\_\_

## 7. Reason for bringing closure:

- |   |   |
|---|---|
| <input type="checkbox"/> completed formal caring relationship | <input type="checkbox"/> withdrawal by care receiver    |
| <input type="checkbox"/> referral to another Stephen Minister | <input type="checkbox"/> referral to community resource |
| <input type="checkbox"/> other                                |   |

Explain:

## 8. Type of follow-up (check all applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> visits by Stephen Minister | <input type="checkbox"/> phone calls by Stephen Minister |
| <input type="checkbox"/> social meeting             | <input type="checkbox"/> other                           |
| <input type="checkbox"/> no follow-up               |  |

Explain:

9. If you do plan follow-up, how often do you plan to follow up? \_\_\_\_\_

10. Name (or code number) of care receiver \_\_\_\_\_

*(continued on the next page)*

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## **How to Use the Wrap-Up Form**

1. Write in the name of the caregiver.
2. Record who originally initiated the caring relationship, e.g., the care receiver, the minister, a relative, or a friend.
3. Fill in the date of the first caring visit.
4. Fill in the date of the last formal caring visit.
5. Fill in the total number of caring visits and number of hours spent with the care receiver.
6. Record the type(s) of caring that went on, e.g., caregiver visiting care receiver, phone calls, a combination of both visits and phone calls.
7. Check the reason for bringing closure and explain.
8. Indicate the type of follow-up you plan to have with the care receiver, if any.
9. If you plan to have a follow-up, record how often you plan to have contact with the care receiver.
10. Fill in the name of the care receiver. Your Referrals Coordinator may have assigned an identifying code number for your care receiver to maintain confidentiality during supervision. If so, use that number here.
11. This form should be filled out and turned in as soon as possible after the date of the last formal caring visit.