



DEPARTMENT OF THE ARMY
HEADQUARTERS, 172D INFANTRY BRIGADE
CMR 415, UNIT 21830
APO AE 09114



AETV-BGS-CDR

15 May 2011

MEMORANDUM FOR: 172d Separate Infantry Brigade Family Care Team

SUBJECT: 172d Separate Infantry Brigade CARE Team Standard Operating Procedures (SOP)

1. **PURPOSE:** This SOP provides guidance on the responsibilities, policies and procedures for commanders, family readiness support assistants (FRSA), and CARE Team volunteers during the conduct of providing assistance to the Families of casualties in the 172d Infantry Brigade during combat operations.

2. **APPLICABILITY:** This policy is applicable to all units assigned or attached to the 172d Infantry Brigade Rear Detachment (TF Shield).

3. **SCOPE:** The measures outlined are intended to guide TF Shield commanders, staff and family readiness group (FRG) volunteers on the standard of casualty assistance response procedures for the local families of casualties of the Blackhawk Brigade, including: CARE Team positions, prerequisites, responsibilities and sequence of assistance response. These measures will be adhered to for CARE Team operations for all assigned or attached Soldiers, DoD/DA civilians, and FRG volunteers.

4. **REFERENCES:**

- a. AR 600-8-1 Army Casualty Program, April 2007
- b. Army Casualty Assistance and Notification Guide, January 2008.
- c. U.S. Army CARE Team Handbook
- d. U.S. Army Leader's Handbook: Trauma in the Unit
- e. U.S. Army Family Readiness Support Assistant Resource Guide

5. **CARE TEAM FAMILY ASSISTANCE PLAN:**

- a. General.

1) CARE is an acronym that stands for Casualty Assistance Response. The CARE Team is a group of volunteers who are trained by Army Community Service and certified by the Commander to perform Family assistance after a casualty. They are usually from the same company or battalion as the Soldier and Family, are selected by the Commander/Rear D Commander and activated upon word that next of kin notification is complete. The CARE Team roster should consist of approximately 15-18 (3 -4 per company) members from throughout the battalion. Volunteers can be Soldiers, civilian employees or Family members and do not need to be active members of their unit's FRG. Teams of 3-4 individuals will be selected by the unit commander, drawing initially from volunteers from within the unit and then if needed from throughout the rest of the battalion. Assistance hours will be set depending on the wishes of the affected Family. Within this timeframe CARE Team Members will be rotated with the individual shifts not exceeding 4-6 hours. The same volunteers will not stay the entire duration, but could for example do the same shift each day.

2) The team offers short-term care and support to Families of deceased Soldiers. It is important to note that the CARE Team will only be utilized at the request of the Family and should not be assumed to be needed for all traumatic events. The CARE Team is designed as temporary transitional assistance until the survivor's own support structure is in place.

3) The Go Team, as a component of the CARE Team, is a group of first responders after notification. They provide initial emotional support and assess the needs or services requested by the grieving Family. Go Teams

are traditionally called after official notification is done. Go Team members travel to a central location to meet. The unit FRSA will be available to be at the central meeting point for administrative support if needed. They are not told the name of the grieving Family until the Family member chooses to receive CARE Team support. At no time will the Go Team approach the home of the affected Family, call the affected Family or have any contact with the affected Family until confirmation that notification has been made and the Family will accept assistance from the CARE Team. If the affected Family declines assistance the CARE Team is released to go home.

b. CARE Team Positions and Responsibilities:

1) Team Coordinator responsibilities (Attachment 3): Coordinates volunteer support services for affected Family by assessing need for meals, childcare, home care and pet care. Team Coordinator organizes members of the CARE Team, including Meals Coordinator, Call Screener, Childcare Coordinator, and Homecare Provider. CARE Team Training is required.

2) Call Screener responsibilities (Attachment 4): Volunteer is requested by CARE Team Coordinator and assists affected Family by answering home telephone and keeping a written log of all callers and home visitors. Volunteer may assist spouse with placing phone calls but **does not** inform caller of casualty. (Only spouse makes notification.) CARE Team Training is required.

3) Homecare Person/Team responsibilities (Attachment 5): Volunteer is requested by CARE Team Coordinator and assists affected Family by writing down all questions and concerns and providing them to the Casualty Assistance Officer. The HomeCare Provider **does not** answer any questions. Volunteer may complete or arrange for household tasks with Family's permission. CARE Team Training is required.

4) Child Care Coordinator responsibilities (Attachment 6): Volunteer is requested by CARE Team Coordinator and assists affected Family by coordinating childCare for the children. CARE Team Training is required.

5) Meal Team Coordinator responsibilities (Attachment 7): Volunteer is requested by CARE Team Coordinator and works with members of the Meals Team to plan and assign dishes for preparation. Coordinator receives all meal courses from assigned volunteers and drops off all dishes at once to the affected Family. CARE Team Training is required. When providing meal support, designate one person as the Meal coordinator.

Meals Team Volunteer responsibilities (Attachment 8): Volunteer is requested by Meals Coordinator and works with a team of several volunteers to prepare food for the affected Family. Each member of the Meals Team may make a course of the meal (e.g., bread, salad, entrée, dessert) and drop it off to the Meals Coordinator. Meals Team members **do not** visit the affected Family's home. CARE Team Training is NOT required.

c. Go Team and CARE Team Requirements:

1) Attend the required (if applicable) Battalion Go Team/CARE Team Training.

2) Read, understand and sign Go Team/CARE Team job description (Attachment 1).

3) Must possess a copy of the CARE Team Binder.

4) Must sign a Confidentially Statement (Attachment 2).

5) (Suggested) Possess a CARE Team kit.

6) Review CARE Team Slide (Attachment 10).

7) At all times, the Go/CARE Team members must keep in mind that supporting the grieving Family in a time of crisis is the whole purpose of the Go/CARE Team. It is the grieving Family's choice to accept help from the Go Team/CARE Team or not, and to determine what type of help is most beneficial.

8) Initial casualty notification is NOT to be made by a volunteer. Members of the CARE Team must also realize that being involved as a Go Team/CARE Team member requires ability to exercise discretion and confidentiality.

9) Family Readiness Support Assistants (FRSA) can assist FRG Advisors with resources and information for planning Go/CARE Teams, but the FRSA cannot serve on a Go Team/CARE Team for the battalion for which he or she works. The Go Team/CARE Team is solely comprised of unit volunteers.

10) Go Team/CARE Team members should avoid providing advice or guidance in the realm of the Casualty Assistance Officer. Any discussion of survivor benefits, especially monetary, should be referred to the Casualty Assistance Officer.

d. Specific "Go Team" Considerations:

1) When entering the Family home the first time, you can expect great emotion. Tell the Family member that you are sorry about their loved one's death. Use the deceased Soldier's name soon and often. Doing so makes it easier for everyone to talk about the deceased. This is a great gift to the Spouse.

a) Ask if there is anyone the Spouse would like you to call. Help the spouse make calls to other Family members, but let her tell them of the death.

b) Do not answer any questions about the death. Refer those questions to the CAO.

c) Respect the Spouse's need for privacy. Sometimes, this does not mean leaving but rather going to another room. You may want to stay until Family or a close friend arrives. Be sensitive to the needs of the situation and respond accordingly.

e. Specific CARE Team Considerations:

1) The CARE Team will be called once the Go Team has assessed the needs of the Family.

2) The CARE Team provides short-term Care and support to the Families of critically wounded and deceased Soldiers.

3) If the CARE Team is activated, the CARE Team Coordinator will notify the selected CARE Team members. Upon notification, the CARE Team members will assemble at a designated location where they will be briefed by the CARE Team Coordinator, and review team procedures. They will remain on standby at the designated location until the Go Team completes its initial assessment.

4) CARE Teams are very similar to Go Teams except that they provide the services requested by the grieving Family. They may provide food, childcare, local transportation, answer phone calls, etc. CARE Teams should have as many volunteers as possible so there can be a rotation or provide support for the other areas in need. Team members must exercise the utmost discretion and confidentiality about the casualty and the Family affected.

5) There are various needed positions within the CARE Team, and there should be more than one person assigned to some of the positions.

6) Additional CARE Team responsibilities: All members of the CARE Team are required to read and sign the responsibility and confidentiality statement to be a member of the 172d Infantry Brigade CARE Team. The signed job description and responsibilities are to be recorded with the unit for activation. The volunteer needs to be aware of the seriousness of the position they wish to hold. The placing of the volunteer is at the battalion commanders' discretion.

f. Family Readiness Support Assistant (FRSA) responsibilities. Under direction of the unit Commander, the FRSA will perform the following duties in administrative support of the Commander (FRG Leader) and FRG advisor:

1) Maintain an accurate and up-to-date roster of CARE team members to include contact numbers and times available to work.

2) Secure proper training for CARE Team members.

3) Initiate CARE Team procedures as stated in CARE Team SOP following directive from the unit's leadership.

4) Contact Army Community Services (ACS) for available resources.

5) Contact Military Family Life Consultant (MFLC) and Chaplain to request presence and coordinate resources as needed. The Chaplain may be contacted by the unit leader or staff duty.

6) Coordinate with unit Commander, Chaplain and MFLC to schedule "Critical Incident Stress Debrief" and facilities if needed.

7) Coordinate with unit Commander, Chaplain and MFLC to schedule "Town Hall" meeting for Family members.

8) Coordinate with unit Commander to determine if Family members will be asked to attend memorial ceremony.

9) Act as liaison for Commander and FRG to coordinate reception or meeting for Family members after ceremony. The FRSA will coordinate the location for the meeting or reception and coordinate with FRG leaders what the FRGs will provide for the meeting or reception.

10) Coordinate with the Commander the transition of CARE Team and FRG assistance to affected Family.

11) Coordinate with unit the unit Commander and ACS for classes for the unit Soldiers and Family members on related subjects (grief, loss, communication, anger management)

12) Coordinate child Care for FRG meetings during this period and during ceremony, as needed.

13) FRSA may not be directed to perform the following duties:

a) Act as part of the Casualty Notification Process or have contact with the Next of Kin, to include being a responding member of the CARE Team

b) Assist in the planning of the ceremony outside the scope of coordinating the facilities and resources for the FRGs to hold a reception or meeting for the unit Family members.

c) Collect any monies or serve as coordinator for the unit sending anything to the affected Family (i.e. flowers, cards, etc.). This shall be handled within the unit.

g. Go and CARE Team Action Sequence:

1) 0-2 Hours after unit notification: Initial Assessment:

a) Participants: The "GO" Team

b) Offer condolences from the Commander and provide initial comfort

c) Assess the need for meals, childcare, pet and home care. Use the CARE team assessment form provided in attachment 9.

d) If needed, the unit leadership, Brigade FRG Advisor or Brigade FRSA may contact other Battalion Team Coordinators for mutual support and/or to initiate additional CARE team assistance.

e) Coordinate all actions with unit Commander/Rear Detachment Commander and Chaplain.

2) 2-24 Hours: Initial Assistance:

a) At the meeting location the Leader is the Brigade FRG Advisor or Battalion FRG Advisor.

b) Participants: CARE Team Coordinator and CARE Team Members.

c) Rendezvous Point: Situation dependant; location determined by CARE Team Coordinator.

d) Provide Continuous Assistance for meals, childcare, pet care and home care as needed

e) Assist with phone calls and visitors. May be asked to be the "gatekeeper".

f) Maintains a contact log.

g) Coordinate with unit Commander/Rear Detachment Commander, Chaplain, and Casualty Assistance if/when necessary and only at the request of the Family.

3) 24-72 Hours: Subsequent Assistance:

a) Leader: CARE Team Coordinator

b) Participants: Brigade Representatives as needed, CARE Team Coordinator and CARE Team Members.

c) Provide continuous assistance for meals, childcare, pet and home care.

d) Assist visiting Family and friends with installation access, lodging, and/or transportation, as needed.

e) Coordinate with unit Commander/Rear Detachment Commander, Chaplain, and Casualty Assistance if/when necessary and only at the request of the Family.

4) 72 hours forward: As needed assistance:

a) Leader and Participants: CARE Team Coordinator and CARE Team Members.

b) Provide as needed assistance for meals, childcare, pet and home care.

c) Provide comfort and assistance for a Memorial or Closure Ceremony.

d) Coordinate with unit Rear Detachment Commander, Chaplain and also the Casualty Assistance Officer, if/when necessary and only at the request of the Family.

e) Short-term Care is generally concluded in 7-14 days (about the time that the funeral is completed).

f) As the Family begins to become self-reliant, the Caregiver should reduce involvement.

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g) Stay in touch until Family requests otherwise.

h. CARE Team Activation After Action Review (AAR): Approximately 72-96 hours following the de-activation of a CARE team, an AAR will be scheduled. This will provide a process for members of the CARE Team and Command to discuss the CARE Team activation and make notes on what went well, what could have changed, etc. The AAR will serve as a tool for future CARE Teams. Following the AAR, a debriefing will be conducted by the unit Chaplain and or Family Life Chaplain and the Commander/Rear-D Commander. The debriefing is mandatory and crucial so that the CARE Team members can process what happened and assess how they emotionally responded to the situation. Within 72 hours of the AAR, notes will be sent to the non-affected battalions.

6. POINT OF CONTACT for this SOP is the 172 Infantry Brigade Rear Detachment Commander, DSN 475-4176.

EDWARD BOHNEMANN
COL, IN
Commanding

10 Encls:

- Attachment 1 GO Team/CARE Team Volunteer Application
- Attachment 2 GO Team/CARE Team Responsibilities Acknowledgement and Confidentiality Statement Form
- Attachment 3 CARE Team Coordinator Volunteer Position Description
- Attachment 4 Call Screener Volunteer Position Description
- Attachment 5 Homecare Person/Team Volunteer Position Description
- Attachment 6 Childcare Coordinator Volunteer Position Description
- Attachment 7 Meal Team Coordinator Volunteer Position Description
- Attachment 8 Meal Team Volunteer Position Description
- Attachment 9 Care Team Action and Assessment Sheet
- Attachment 10 CARE Team Training Slides (TBP)

CARE Team Volunteer Application
172d Infantry Brigade

What is a CARE Team?

CARE is an acronym that stands for Casualty Assistance Response. The CARE Team provides short-term Care and support to the Families of critically wounded and deceased Soldiers.

Who serves on a CARE Team?

CARE Team volunteers are usually from the same Battalion or Company Family Readiness Group as the affected Soldier and Family, but may be drawn from other units in the Brigade.

What does a CARE Team do?

CARE Team assistance is provided at the request of the Family. Assistance is stopped when trusted friends and other Family members take over (usually within 72 hours after notification). A brief description of CARE Team volunteer positions follow.

CARE Team Coordinator – Coordinates volunteer support services for affected Family by assessing need for meals, childCare, home Care and pet Care. Organizes members of the CARE Team, including Meals Coordinator, Call Screener, ChildCare Coordinator and HomeCare Provider. **CARE Team Training is required.**

Meals Coordinator – Volunteer is requested by CARE Team Coordinator and works with members of the Meals Team to plan and assign dishes for preparation. Coordinator receives all meal courses from assigned volunteers and drops off all dishes at once to the affected Family. **CARE Team Training is required.**

Meals Team Volunteer – Volunteer is requested by Meals Coordinator and works with a team of several volunteers to prepare food for the affected Family. Each member of the Meals Team may make a course of the meal (e.g., bread, salad, entrée, dessert) and drop it off to the Meals Coordinator. Meals Team members **do not** visit the affected Family’s home. **CARE Team Training is not required.**

Call Screener – Volunteer is requested by CARE Team Coordinator and assists affected Family by answering home telephone and keeping a written log of all callers and home visitors. Volunteer may assist spouse with placing phone calls but **does not** inform caller of casualty. (Only spouse makes notification.) **CARE Team Training is required.**

ChildCare Coordinator – Volunteer is requested by CARE Team Coordinator and assists affected Family by coordinating childCare and extracurricular activities for the children. **CARE Team Training is required.**

HomeCare Provider – Volunteer is requested by CARE Team Coordinator and assists affected Family by writing down all questions and concerns and providing them to the Casualty Assistance Officer. The HomeCare Provider **does not** answer any questions. Volunteer may complete or arrange for household tasks with Family’s permission. **CARE Team Training is required.**

What can I do?

If you are interested in volunteering to serve on a CARE Team, please complete the following information and return the bottom of this form to our Squadron Family Readiness Support Assistant, Meredith Cooke. You can also email your information to Meredith at meredith.c.cooke@eur.army.mil or call her with your information at 09662-83-5100.

----- (detach here) -----

First and Last Name: _____

Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Do you have CARE Team experience? _____ If yes, what position did you volunteer in? _____

Do you have FRG experience? _____ Do you have any other related experience? _____

Circle the CARE Team Position(s) you want to volunteer for:

- | | | | | |
|-----------------------|-------------------|----------------------|---------------|-----------------------|
| CARE Team Coordinator | Meals Coordinator | Meals Team Volunteer | Call Screener | ChildCare Coordinator |
| HomeCare Provider | | | | |

Attachment 2

CARE Team Volunteer
Responsibilities Acknowledgment Form

Name: _____

Unit: _____ Contact Number: _____

Available Contact Times: From _____ to _____

Alternate Contact Number _____ from _____ to _____

I am willing to provide assistance to the _____ (units) CARE Team in the following areas:

Call Team _____ Meal Team _____ ChildCare _____ Home Team _____

I understand the responsibilities of the above team for which I have volunteered to be:

Call Team – make and receive phone calls as needed. Take messages and forward them to the appropriate Family member. To contact, as needed and requested by the Family member, agencies, schools, Family and friends. To make calls to cancel appointments, stop services, notify agencies and companies of the Soldier status as needed and requested by the Family member.

Home Team – provide assistance with normal household functions to include, but not limited to, cleaning, organizing, trash removal,

Meal Team – provide food for immediate Family members of injured/deceased Soldier or spouse.

ChildCare – coordinate (not provide) child Care and extracurricular activities for the children of injured/deceased Soldier or spouse

CONFIDENTIALITY STATEMENT

I WILL NOT inform others that I have been contacted to be a member of an activated CARE Team.

I will not disclose any personal information, conversations or transactions that occur while I am assisting the next of kin, except those personnel that have an official need to know.

I will protect and respect the privacy and confidentiality of the next of kin at all times.

PRINT NAME

SIGNATURE

Date

CARE TEAM COORDINATOR

Volunteer Position Description

PURPOSE: Offers short-term emotional and logistical support to the Families of deceased or injured Soldiers.

RESPONSIBLE TO: Commander/Rear Detachment Commander

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Asks permission from the grieving Family before doing anything in the home.

Coordinates and receives guidance from the Battalion/Company Commanders and the CAO

Member of the “Go Team” (optional)

Complete CARE Team Action and Assessment Sheet with spouse

Assess the need for meals, child Care, home Care and pet Care for Families.

Organize team members

Provide daily updates on Family status to Unit Liaison and Senior Spouse Advisor

Ensure all Team member understand and adhere to the Confidentiality Agreement

Must be able to respond to activation and report to assigned destination in less than 2 hours

OTHER DUTIES AND RESPONSIBILITIES:

Provides comfort to survivors.

Maintains contact logs as required

Maintains confidentiality

Stays within the purview of the position

Participates in After-Action Reviews after CARE Team is deactivated

TIME REQUIRED:

As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

A desire to assist others during trauma

Knowledge of community resources and crisis intervention

Concern and empathy for others

Calm under stress.

TRAINING REQUIRED:

CARE Team Training

I WILL NOT inform others that I have been contacted to be a member of an activated CARE Team. I WILL NOT disclose any personal information, conversations or transactions that occur while I am assisting the next of kin, except with those personnel that have an official need to know. I will protect and respect the privacy and confidentiality of the surviving Family members at all times.

PRINT NAME

SIGNATURE

Date

CARE TEAM CALL SCREENER

Volunteer Position Description

PURPOSE: Offers short-term emotional and logistical support to the Families of deceased or injured Soldiers.

RESPONSIBLE TO: CARE Team Coordinator

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Asks permission from the grieving Family's before doing anything in the home.

Screens calls and visitors according to survivor's wishes. Does not give any information unless they are sure whom they are talking to and the Family member agrees.

Keeps phone log

Assists spouse with making calls, **ONLY** with the permission of the spouse (i.e. to employer, extended Family, religious organization, canceling appointments, friends, etc.). *Spouse should be the one to inform caller of the death.*

Assist HomeCare Person with keeping a record of who sends flowers and a brief description of the arrangement. Keep all cards.

OTHER DUTIES AND RESPONSIBILITIES:

Provides comfort to survivors.

Maintains contact logs as required

Maintains confidentiality

Stays within the purview of the position

Participates in After-Action Reviews after CARE Team is deactivated

TIME REQUIRED:

As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

A desire to assist others during trauma

Knowledge of community resources and crisis intervention

Concern and empathy for others

Calm under stress.

TRAINING REQUIRED:

CARE Team Training

I WILL NOT inform others that I have been contacted to be a member of an activated CARE Team. I WILL NOT disclose any personal information, conversations or transactions that occur while I am assisting the next of kin, except with those personnel that have an official need to know.

I will protect and respect the privacy and confidentiality of the surviving Family members at all times.

PRINT NAME

SIGNATURE

Date

CARE TEAM HOMECARE PROVIDER

Volunteer Position Description

PURPOSE: Offers short-term emotional and logistical support to the Families of deceased or injured Soldiers.

RESPONSIBLE TO: CARE Team Coordinator

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Asks permission from the grieving Family before doing anything in the home.

Writes down ALL questions from spouse/Family and delivers to CAO or Unit Liaison. DOES NOT MAKE PROMISES

In coordination with the Call Person, keeps a record of who sent flowers and/or other items with a brief description of the arrangement. Keeps all cards.

In coordination with the Call Person, addresses Thank you notes

In conjunction with the CARE Team Coordinator, Coordinates assistance for Family (i.e. house cleaning, lawn Care, pet Care, errands to run, etc.)

OTHER DUTIES AND RESPONSIBILITIES:

Provides comfort to survivors.

Maintains contact logs as required

Maintains confidentiality

Stays within the purview of the position

Participates in After-Action Reviews after CARE Team is deactivated

TIME REQUIRED:

As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

A desire to assist others during trauma

Knowledge of community resources and crisis intervention

Concern and empathy for others

Calm under stress.

TRAINING REQUIRED:

CARE Team Training

I WILL NOT inform others that I have been contacted to be a member of an activated CARE Team. I WILL NOT disclose any personal information, conversations or transactions that occur while I am assisting the next of kin, except with those personnel that have an official need to know.

I will protect and respect the privacy and confidentiality of the surviving Family members at all times.

PRINT NAME

SIGNATURE

Date

CARE TEAM CHILDCARE COORDINATOR

Volunteer Position Description

PURPOSE: Offers short-term emotional and logistical support to the Families of deceased or injured Soldiers.

RESPONSIBLE TO: CARE Team Coordinator

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Liaison between the CARE Team Coordinator and child Care providers
Works with the Commander, Casualty Assistance Officer or parent to determine the children's schedules.
Annotate and maintain the lists detailing the children's activity and medicine schedules.
If necessary, obtain a release statement signed by the spouse so that children can be picked up or dropped off at childCare center, school or other location.
Coordinate extracurricular activities for the children
Notify teachers/coaches
Ensure anyone who is babysitting the children knows how the death was explained

OTHER DUTIES AND RESPONSIBILITIES:

Provides comfort to survivors.
Maintains contact logs as required
Maintains confidentiality
Stays within the purview of the position
Participates in After-Action Reviews after CARE Team is deactivated

TIME REQUIRED:

As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

A desire to assist others during trauma
Knowledge of community resources and crisis intervention
Concern and empathy for others
Calm under stress.

TRAINING REQUIRED:

CARE Team Training

I WILL NOT inform others that I have been contacted to be a member of an activated CARE Team. I WILL NOT disclose any personal information, conversations or transactions that occur while I am assisting the next of kin, except with those personnel that have an official need to know. I will protect and respect the privacy and confidentiality of the surviving Family members at all times.

PRINT NAME

SIGNATURE

Date

CARE TEAM MEALS TEAM COORDINATOR

Volunteer Position Description

PURPOSE: Offers short-term emotional and logistical support to the Families of deceased or injured Soldiers.

RESPONSIBLE TO: CARE Team Coordinator

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Liaison between the CARE Team Coordinator and those providing meals
Acts as the single person who drops off all parts of the meal so the Family is not overwhelmed with well-meaning visitors each dropping off a separate course of the dinner.
Identify special needs, food allergies, religious or dietary restrictions for the affected Family
Find out the types of dishes/foods Family members (including children) like.
Identify when out-of-town Family members and friends are expected to visit family.
Label foods/meals received to record who brought the food, the date and any cooking or reheating instructions.
Label dishes to be returned to owners and schedule with to return the donated dishes to the rightful owners.
Ensure a log of the meals given to Family will be annotated and maintained to allow Family members to send out thank you cards later if they choose
Go grocery shopping as needed.

OTHER DUTIES AND RESPONSIBILITIES:

Provides comfort to survivors.
Maintains contact logs as required
Maintains confidentiality
Stays within the purview of the position
Participates in After-Action Reviews after CARE Team is deactivated

TIME REQUIRED:

As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

A desire to assist others during trauma
Knowledge of community resources and crisis intervention
Concern and empathy for others
Calm under stress.

TRAINING REQUIRED:

CARE Team Training

I WILL NOT inform others that I have been contacted to be a member of an activated CARE Team. I WILL NOT disclose any personal information, conversations or transactions that occur while I am assisting the next of kin, except with those personnel that have an official need to know.
I will protect and respect the privacy and confidentiality of the surviving Family members at all times.

PRINT NAME

SIGNATURE

Date

CARE TEAM MEALS TEAM VOLUNTEER

Volunteer Position Description

PURPOSE: Offers short-term emotional and logistical support to the Families of deceased or injured Soldiers.

RESPONSIBLE TO: Meals Team Coordinator

ESSENTIAL DUTIES AND RESPONSIBILITIES:

Cook a meal/provide snacks/purchase a food gift card for the affected Family.
Work with Meal Team Coordinator to determine whether there are special dietary needs, food allergies, or cultural restrictions.
Label the prepared food with the date, your name and any heating/refrigeration instructions.
Drop food off at the time and place designated by the Meals Team Coordinator

OTHER DUTIES AND RESPONSIBILITIES:

Maintains confidentiality

TIME REQUIRED:

As needed. Situations will vary.

QUALIFICATIONS AND SPECIAL SKILLS:

A desire to assist others during trauma
Enjoy cooking.
Be able to plan and organize a meal for the amount of Family members in the affected Family.
Have compassion for the situation at hand.

TRAINING REQUIRED:

None required.

I WILL NOT inform others that I have been contacted to be a member of an activated CARE Team. I WILL NOT disclose any personal information, conversations or transactions that occur while I am assisting the next of kin, except with those personnel that have an official need to know.
I will protect and respect the privacy and confidentiality of the surviving Family members at all **times**.

PRINT NAME

SIGNATURE

Date

Soldier/Family Name _____

Unit _____ FRG Leader/Rep _____

Wounded in Action _____ Killed In Action _____ Spouse Disabled/Deceased _____

Date/Time CARE Call Received _____

CARE Team Coordinator _____ contacted (date/time) _____

Family Assessment:

Spouses Name _____

Number of Children _____ At home _____ Ages _____

Children schools _____

Transportation to and from school required _____

ChildCare Provider: Yes or No Name and Number _____

Any immediate Family in local area? _____ Have they been notified? _____

Designated Emergency Point of Contact _____

Have they been notified? Yes or No Number to call _____

Special needs of Family members (Medical, Psychological, Emotional Disorders, Handicaps)

Home Assessment:

Will the Family remain in the area? Yes or No New Location _____

Meals requested? Y or N For how many people? _____ How many days? _____

Food Allergies/preferences _____

Pet Care/Kenneling required? Y or N Home cleaning required? Y or N

Yard Service required? Y or N Transportation required for incoming Family Y or N

Any medical appointments to be made or changed? _____

NOTES

(Continue on back of sheet if necessary)