**Wrap-Up Form**

**L-6(34)**

**Stephen Ministry**

**®**

**Form**

1. Name of caregiver

Date

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: |  |  |
| ❏ completed formal caring relationship | ❏ | withdrawal by care receiver |
| ❏ referral to another Stephen Minister ❏ other  Explain:  8. Type of follow-up (check all applicable): | ❏ | referral to community resource |
| ❏ visits by Stephen Minister | ❏ | phone calls by Stephen Minister |
| ❏ social meeting  ❏ no follow-up | ❏ | other |

Explain:

1. If you do plan follow-up, how often do you plan to follow up?
2. Name (or code number) of care receiver

Copyright © 2000 by Stephen Ministries, St. Louis. All rights reserved. Permission to make copies of this document is given ONLY to enrolled Stephen Series congregations and ONLY for use within the enrolled congregation.

**COP**

**Y**

*(continued on the next page)*

**1**

L-6(34) Wrap-Up Form.doc C: 1/1/2000 R:

# 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, arelative, 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.

1. Check the reason for bringing closure and explain.
2. Indicate the type of follow-up you plan to have with the care receiver, if any.
3. If you plan to have a follow-up, record how often you plan to have contact with the care receiver.
4. Fill in the name of the care receiver. Your Referrals Coordinator may have assigned an identifyingcode number for your care receiver to maintain confidentiality during supervision. If so, use that number here.
5. This form should be filled out and turned in as soon as possible after the date of the last formalcaring visit.

**2** Copyright © 2000 by Stephen Ministries, St. Louis