

St. Vincent

POVERTY

Experience

Health Clinic & Plasma Center Worker

Health Clinic and Plasma Center Worker Packet Contents:

- 1 Health Clinic Worker Instruction Sheet
- 1 Appointment Record Form
- 6 Appointment Notices
- 20 Plasma Center Registration Forms
- 1 Book of Receipts
- 1 pen/pencil
- \$1,000 in Cash (\$50s, \$20s, \$10s and \$5s)
- 1 business and 1 closed sign
- 1 name tag

General Information – The Health Clinic & Plasma Center Worker has three tasks:

- 1) Accept medical payments from homeowners
- 2) Send out notices for upcoming appointments to Gonzales through Louis
- 3) Register and draw plasma from new and past clients

The Health Clinic worker is employed by the We Care Clinic. There are a potential of six single mothers who are pregnant (Gonzalez through Louis) and should come to their pre-natal examinations at least once during the “month.” They will also owe a marginal amount of money toward their bills. If they do not show up, you are to send reminders to them. Other families also owe money for their on-going medical care. They are expected to visit the clinic and pay their bills at least once during the simulation. You have a form to track the amount of money each family owes. You may write on this sheet to keep track of how much each family has paid.

You are also a plasma center worker and will conduct plasmapheresis on new and past clients. You should determine the client’s eligibility. Eligible plasma donors should be between the ages of 18-65 and have given plasma no more than twice during the “month”. All new donors are required to have a physical exam on their first visit. During the first appointment keep the client for 10 minutes to represent the time it takes to conduct a physical exam and plasmapheresis. All returning clients should be kept for 5 minutes. The client receives \$25 for their first donation and \$35 for the second donation. If the client owes the Clinic for burial or medicine expenses you should apply the money earned from the plasma donation to the debt before you pay them. Only two patients may donate plasma at one time. If the clinic is busy, schedule appointments for the following week.

You may be fair or unfair in dealing with the families. In that you have cash, you are a likely victim for robbery. You may need to solicit police protection at some point. At the end of the “month” you will be asked to report on your experience.

Responsibilities

- 1) Collect a transportation pass for each person (including children) who comes to the clinic.
- 2) If a person has no pass, send him/her to Quik Cash to purchase.
- 3) Stay in your office for the first 2 weeks
- 4) Record the visits to the clinic and the amount paid on your Appointment and Account form.

- 5) Several families owe for dental, funeral and hospital expenses. Although this is not something they would typically pay for at the health clinic and plasma center, you will be collecting these payments also, to help keep the volunteers necessary to run the simulation to a minimum.
- 6) Write out a receipt and give to the family ONLY if they ask for one.

APPOINTMENT AND ACCOUNT FORM

FAMILY	APPOINTMENT KEPT?	DEBT	AMOUNT PAID	PLASMA AMOUNT EARNED	AMOUNT OWED
ABER					
BOLING					
CHEN					
DUNTLEY					
EPPERMAN					
FUENTAS					
GONZALEZ pregnant		\$40			
HANLOW pregnant		\$40			
ISMA pregnant		\$40			
JOLLY pregnant		\$40			
KAMINSKI pregnant		\$40			
LOUIS pregnant		\$40			
MORRIS					
NATTIN					
OLSON					
PEREZ					
QUANT					
ROGERS					
SMITH	Pre-Pay Burial Medicine	\$50 \$150			
TISKIT	Pre-Pay Burial Medicine	\$50 \$150			
USSAR	Pre-Pay Burial Medicine	\$50 \$150			
VIMMER	Pre-Pay Burial Medicine	\$50 \$150			
WISCOTT	Hospital Medicine	\$100 \$50			
XANTHOS	Hospital Medicine	\$100 \$50			
YARROW	Hospital Medicine	\$100 \$50			
ZUPPOT	Hospital Medicine	\$100 \$50			

We Care Clinic Plasma Center Registration Form

Last Name: _____ First Name: _____

Date of Birth: _____ (if you are under 18 or over 65 you are not eligible to donate)

Address: _____ Social Security Number: _____ (must present card)

Is this your first time donating? Y or N?

If yes, you will need a physical examination. Do you consent to this? Y or N?

New customers will receive \$25 on the first donation, and up to \$130 for their first four qualified donations. You can donate with us no more than twice in a month and there must be at least one week between donations.

Health Information

Weight _____ (if under 110lbs you are not eligible)

Have you had any piercing or tattoos in the past 12 months? Y or N?

Have you donated blood in the last 8 months? Y or N?

Do you have diabetes that requires insulin injections? Y or N?

Do you have hepatitis? Y or N?

Do you have a history of heart disease? Y or N?

Do you have a history of cancer? Y or N?

Do you have HIV/AIDS? Y or N?

Are you currently pregnant? Y or N?

If you answered yes to any of the above questions, you are not eligible.

Authorization

I certify that the information reported in this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____

For Plasma Care Worker Only

Before starting the plasmapheresis, please check off to verify requirements.

_____ Social security Card

_____ Weight more than 110 pounds

_____ Between the ages of 18-65

_____ Complete the physical examination

We Care

Health Clinic

Dear Ms. Gonzalez:
Our records show that you have not shown up for your monthly pre-natal check up. Please visit the clinic at your earliest convenience.
Reminder: Payment of your \$40 co-pay is expected at the time of your visit.

I. M. Caring
Clinic Director

We Care

Health Clinic

Dear Ms. Hanlow:
Our records show that you have not shown up for your monthly pre-natal check up. Please visit the clinic at your earliest convenience.
Reminder: Payment of your \$40 co-pay is expected at the time of your visit.

I. M. Caring
Clinic Director

We Care

Health Clinic

Dear Ms. Isma:
Our records show that you have not shown up for your monthly pre-natal check up. Please visit the clinic at your earliest convenience.
Reminder: Payment of your \$40 co-pay is expected at the time of your visit.

I. M. Caring
Clinic Director

We Care

Health Clinic

Dear Ms. Jolly:
Our records show that you have not shown up for your monthly pre-natal check up. Please visit the clinic at your earliest convenience.
Reminder: Payment of your \$40 co-pay is expected at the time of your visit.

I. M. Caring
Clinic Director

We Care

Health Clinic

Dear Ms. Kominski:
Our records show that you have not shown up for your monthly pre-natal check up. Please visit the clinic at your earliest convenience.
Reminder: Payment of your \$40 co-pay is expected at the time of your visit.

I. M. Caring
Clinic Director

We Care

Health Clinic

Dear Ms. Louis:
Our records show that you have not shown up for your monthly pre-natal check up. Please visit the clinic at your earliest convenience.
Reminder: Payment of your \$40 co-pay is expected at the time of your visit.

I. M. Caring
Clinic Director



We Care

Health Clinic
and
Plasma Center

Nametag



