



ADMISSION AGREEMENT

1. Hours spent at the Center are to be between 7:00 AM and 6:00 PM, with family or individual assuming care at night, on weekends, and holidays. Participants who are picked up after 6:00 p.m. will incur a \$25.00 late fee and will be charged \$10 for every 15 minutes or increments thereof. This fee is necessary to cover costs of staff and utilities required to operate the center after designated closing time.
2. Participants and their families must provide transportation to and from the Center, unless other means of transportation have been arranged with the Adult Day Center van service. The Center will inform the client and their families of the van scheduled pick up and drop off times and any cancellations.
3. Prior to enrollment all participants are required to have a physical examination and a PPD Test within thirty days of initial admission. The physical must be done yearly; however, the PPD Test is only done at admission.
4. The participant or a family member will contact the Center on the day prior to an unscheduled absence/attendance, if possible.
5. Participation in the program is limited to the changing needs of the participant and family. The Center will make recommendations for alternative services when the Center can no longer meet the needs of the participant.
6. The Center agrees to notify a family member if the participant becomes ill. The family agrees to pick up the participant within one hour of notification. Participant will be isolated until picked up. If the participant has a fever and/or a contagious illness, please do not send them to the Center. They must be fever free for twenty-four hours before returning to the Center.
7. In case of a medical emergency, 911 will be called and Memorial Hospital of Martinsville and Henry County will be utilized.
8. Services are provided in a protective environment and will include physical exercise, social interaction, mental stimulation, crafts, quiet times, and other activities. Participants will be encouraged to be as independent as possible and will be assisted as needed.
9. Meals that will be provided at the center are an AM and PM snack and a hot noon meal.
10. The Adult Day Center program receives funds under the Federal Older Americans Act. The Older Americans Act requires that all persons who receive services be given an opportunity to contribute to the cost of that service.
 - a. Contributions are applied to the services for which the donation is made.
 - b. No individual is denied a service because he/she cannot or is not willing to contribute.
 - c. A cash box is placed in an area convenient to participants and caregivers for their use, if they wish to make contributions.
 - d. The Administrative Assistant, using the bookkeeping procedures established for the program, handles receipt of all contributions.
 - e. The participant's right to privacy regarding contributions and all other information about the individual is protected by the Policy: Confidentiality, as required by the Department of Social Services, the licensing agent.

11. If it becomes necessary to terminate a participant's attendance at the Adult Day Center, a two week written notice will be given. A new participant contract may be terminated after 5 days of attendance if either party finds that conditions or services are substantially different than were initially represented. The Adult Day Center may terminate a contract if the participant's:
 - a. Condition deteriorates requiring more intensive care than the staff can provide.
 - b. Conditions improved so that the structured and supervised setting of day care is no longer warranted.
 - c. Behavior can no longer be accommodated in a group setting or participant becomes totally disoriented.
12. A plan of discharge will be made by the Executive Director in consultation with the participant's primary caregiver/family
13. Services will be provided without discrimination with regards to race, color, age, sex, national origin, marital status, physical or mental disability, so long as the prospective participant meets the criteria for enrollment, completed the application process, and space is available.
14. I understand that I am responsible for payment for services provided, unless some other source for payment has been secured (such as Medicaid, Veterans Administration, etc.) I agree to pay for services rendered weekly, prior to attendance. Cost for services are:
 - a. Day Services – \$64.00 (more than 4 hours)
 - b. Half Day Service - \$45.00 (less than 4 hours)
 - c. Transportation - \$12.00 per trip
 - d. Hygiene Care - \$18.00 per episode

I HAVE READ AND ACCEPT THE CRITERIA FOR ENROLLMENT AND I AM AWARE OF THE SERVICES TO BE PROVIDED.

Signature of Director

Signature of Participant or Responsible Person

Date

Date