



Caroline Medical Adult Day Services

AGREEMENT

This Agreement will be between the Caroline Medical Adult Day Care Center, hereinafter “MADC” and _____, hereinafter Client and/or Responsible Party _____ as “C/RP”.

MADC agrees to provide a variety of necessary services and activities:

- 1. Education, Socialization, Therapeutic Recreation, Medical Care (nursing and dietary under a Doctor’s Order), personal care and rest periods.**
- 2. Assist with and or schedule appointments, arrange transportation for medical appointments, appointments with Social Services, etc.**
- 3. All services will be provided without discrimination of race, color, sex, and marital status, physical and mental handicap.**
- 4. Morning snack or breakfast, lunch and afternoon snack will be provided, as ordered by a Physician per diet restriction.**
- 5. Agrees to assist C/RP with obtaining other resources for care, as may be needed;**

C/RP agrees to the following:

- 1. Attend days as scheduled.**
- 2. Inform MADC in advance of all absences stating reason for absence and length of absence. Voice mail messages may be left prior to 7:30 AM to notify transportation of absence.**
- 3. 4 hours minimum attendance required for a day of service.**
- 4. Submit payment when due.**
- 5. Hours of operation: 8:00 am to 4:00 pm, closed State Holidays**
- 6. Agrees to the scheduled transportation times, allowing 15 minutes variance. For clients that cannot be left alone, it is agreed that someone will be at home when the client is brought home in the afternoon. MADC staff will wait 15 minutes for responsible party to return home. After the allotted time, client will be transported back to the center and RP will be responsible to pick-up client by 4:00 PM.**
- 7. Notification of: Hospitalizations, medication changes, medical conditions, change of Primary Care Physicians.**
- 8. Permission given for the following: Emergency Ambulance Service to Memorial Hospital in Easton and further understand “C/PR” will be responsible for cost.**
- 9. Will supply MADC with diapers, change of clothing and personal care products as needed.**
- 10. Permission given to MADC to take photographs, unless otherwise stated.**
- 11. MADC will not be responsible for personal articles that are lost or stolen. Money, check books and valuables should not be brought in the Center.**

MADC seeks to respond to the concerns or complaints of “C/RP” and their families in a timely and thoughtfully manner as possible. A complaint becomes a “grievance” where there is an unresolved continuing disagreement over the interpretation and application of the rules, regulations, or policies of the Center. When a complaint is not resolved through direct conversation, the following procedure would be followed:

- 1. The concern/complaint should be put in writing and sent to the Center Director. You will receive a written response within ten (10) working Days.**
- 2. If the response from the Center is not satisfactory, and the disagreement continues, the Director will forward the “C/RP” or letter, along with the Center’s response to the Administration of the Health Department for resolution.**

I HAVE READ AND FULLY UNDERSTAND THE ABOVE ADMISSION CRITERIA:

Signature of MADC Representative

Signature of Participant and/or Responsible Party

Date

Date