

LIVE OAK ADULT DAY SERVICES

Admission Agreement

LIVE OAK ADULT DAY SERVICES provides social day care for less independent adults, supervised by qualified, professional staff.

The program will provide:

1. Classes and activities.
2. Information and referrals to facilitate transportation.
3. Nutritious breakfast, lunch and beverages throughout the day.
4. Information and referrals to other relevant social services.

The program will not provide nursing services or medical care.

FEES: Fees are based on ability to pay. A sliding scale ranging from \$20.00 - \$70.00 per day is used. Fees are billed at the end of each month for the preceding month. Our staff will work with you to determine an appropriate daily charge.

INTRODUCTORY VISITS: It is important to notify the Center when a participant will be absent.

Willow Glen 408-971-9363 Los Gatos 408-354-4782 Gilroy 408-847-5491
Cupertino 408-973-0905

If transportation to the Center is provided by OUTREACH, please notify OUTREACH of the absence, too. Be sure to read OUTREACH'S policy on unscheduled rides on the form titled TRANSPORTATION ARRANGEMENTS.

Please note: In case of a major emergency, i.e. serious earthquake, family members are asked to come for their relative in person or identify in advance the person who will call for that relative.

DISCHARGE FROM THE PROGRAM: The participant may be released from the day care program when he or she has obtained maximum benefit from this program. Our staff will make every effort to provide you with appropriate referrals to other community services at that time.

A participant may also be discharged when the Center staff finds it can no longer meet the needs of the participant or for violation of LIVE OAK ADULT DAY SERVICES' established guidelines. Families will be given notice and a consultation scheduled if discharge is being considered.

MEDICAL INFORMATION: It is essential that the participant's physician be informed of attendance at the Center and that medical records for the participant be released for Center files. Proof of a current negative TB test must accompany enrollment in this program.

LIVE OAK ADULT DAY SERVICES does not provide medical care or assume the risk thereof.

TO BE COMPLETED BY CLIENT AND/OR CAREGIVER

UNDERSTANDING AND CONSENTS:

I understand that is my right to refuse any services provided by LIVE OAK ADULT DAY SERVICES which do not meet with my approval.

I authorize the Center to secure emergency medical services for me should they be required. I understand that the Center is not a medical facility and that it will not provide medical or nursing services.

I agree to provide LIVE OAK ADULT DAY SERVICES with relevant medical information and financial information as requested.

LIVE OAK ADULT DAY SERVICES receives funding from many public and private sources to help support the cost of program services. Governmental agencies often require us to verify that funds received are used to benefit real individuals by supplying the Social Security numbers of our clients.

I agree that my Social Security number, (or the Social Security number of my participating dependent relative) may be released to appropriate agencies at the discretion of LIVE OAK ADULT DAY SERVICES.

I agree to hold harmless and release from liability the funding sources of LIVE OAK ADULT DAY SERVICES, their respective employees, officers and agents, in the event of any lawsuit, claim, loss, damage or obligation arising out of or attributed to any of the Center's programs.

To help promote awareness of adult day care as a positive alternative for care of dependent senior adults, I agree to allow the Center personnel, or anyone authorized by LIVE OAK ADULT DAY SERVICES to take my picture by photograph, videotape or moving picture and to record my voice, while I am participating in the LIVE OAK ADULT DAY Care program.

I hereby acknowledge receipt of the following additional documents: Fee Policy Statement, Authorization for Release of Medical Records, Transportation Arrangement, Personal Rights, Community Care Facilities, Participation Agreement, Self-Administering Medication Release and Emergency Medical Care Authorization.

I will attend LIVE OAK ADULT DAY SERVICES _____ days a week and will pay \$_____ per day.

As caregiver for _____, I agree and accept responsibility for payment of all charges described above.

Date

Caregiver

Director

NO ONE IS DENIED ENROLLMENT AT LIVE OAK ADULT DAY SERVICES DUE TO INABILITY TO PAY FEES.

NO PERSON IS EXCLUDED FROM SERVICE BECAUSE OF RACE, GENDER,
RELIGIOUS AFFILIATION, COLOR, NATIONAL ORIGIN OR SEXUAL ORIENTATION.