ADP Admission Agreement

LONGVIEW
living well together

I, _____ enter into agreement with Longview's Social Adult Day Program with the following stipulations.

1. I agree to abide by the rules and regulations of Longview as they apply to the program.

2. The program operates between 9:00am-3:00pm, Tuesday and Thursday (apart from announced holidays) with the family or representative assuming care at other times.

3. Services provided by the program include:

    - Nutritious noon meal
    - AM and PM snacks
    - Supervision
    - Leisure time programs (see Recreation Schedule)
    - Comfortable chairs provided for rest if needed

4. Transportation is the responsibility of the participant and/or caregiver representative.

5. I release Longview from any liability for injury and damages due to my own negligence.

6. I agree to provide the program with information concerning the participant's health status and any changes, as they may occur.

7. Prior to admission to the program, the participant must obtain and provide a written, dated and signed statement from the participant's physician. Changes in the participant's medication(s) will be shared with the program staff. I voluntarily agree not to attend the program if I am feeling ill or have a contagious disease. The program may require information from the participant's physician before the participant returns to the program.

8. Billing, Absences, Federal Holidays:

    - The cost of the day program is $85.00 per day, which includes lunch and snacks. Billing is at the beginning of the month for the days you have reserved. Payment is due by the 7th day of the month. Longview may collect a late fee of $5.00 as of the 8th and $1.00 for each additional day the fee remains unpaid. If it is 30 days late, notice of suspension from the program will be issued.

- Participants attending the program 2 days per week are granted 4 days total of excused absences and will not be billed for those days.

- In the event of an medical absence that lasting longer than one month, the participant will be placed on a temporary medical discharge. Return to active status will be based on availability, an updated medical evaluation and assessment by the Program Coordinator.

- Participants will not be billed for the days the program is closed for holidays or other reasons such as weather conditions. Federal holidays include: New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

9. Participation in the program is dependent upon the participant's level of care and supervisory needs. The grounds on which involuntary termination may occur are:

   a. Staff evaluation determines the participant requires a higher level of care;
   b. The participant manifests behaviors which cannot be adequately or appropriately managed in the program setting;
   c. Non-payment of program fees

10. Withdrawal from the program requires a written notice submitted to the Program Coordinator two weeks in advance of the last day of attendance.

11. The participant and/or the undersigned (responsible party/representative of the participant) acknowledge that they have been fully informed of the participant's rights, and also acknowledge that they have read and understand this agreement and have received a copy thereof.

_____

Participant Date

_____

Participant Representative Date

_____

Program Coordinator Date

State and federal laws prohibit discrimination based on race, creed, color, national origin, sex, handicap, or source of payment.