



WESTON ADULT DAY CARE CENTER

1 Bassett Avenue
New Castle, DE 19720
WestonAdultDayCare@aol.com
(302) 328-6425 – Phone (302) 328-6422 - Fax



Participant Agreement

This Agreement, made on (Month, Day, Year) _____ between _____, hereinafter referred to as the “representative or you” and the Weston Adult Day Care Center, hereinafter referred to as “WADCC, Center, We, or Us”, on behalf of _____ hereinafter referred to as “participant”.

1. Services - The Center shall provide opportunities for the following services:
 - Activities – WADCC offers recreational, motivational, and social activities.
 - Activities of Daily Living (ADL) Support - The Center will assist with ADLs, as set forth in the Plan of Care.
 - Nursing - A licensed nurse is on site during hours of operation. The nurse shall provide services as set forth in the Plan of Care with valid physician orders.
 - Nutrition – A noon meal consisting of approximately 1/3 of the current adult RDA recommendations will be provided. A morning snack will be offered daily. Additional snacks are available and can be provided on request.
 - Supervision – Supervision will be provided to ensure participant’s safety.
 - Staffing – Staffing as outlined by state regulation and will be maintained to ensure participant safety and quality care.

Representative
Initial: _____

2. Plan of Care: WADCC shall provide a Plan of Care update approximately every six months to discuss the care and treatment needs of the participant which can be met by the Center. The representative agrees to participate in the Plan of Care via in person meeting, phone conference or other arrangements made with the Director or Nurse.

Representative
Initial: _____

3. Hours of Operation – The Center shall offer services as follows:
WADCC is open Monday through Friday from 8:00 am to 4:00 pm. Additionally we will be closed on major holidays. An annual list of holiday closings is available upon request.

Representative
Initial: _____

4. Inclement Weather

- WADCC will not be open in severe weather. In the event of a State of Emergency the Center will be closed. Please see the website www.delaware.gov for additional information regarding a State of Emergency.
- Tune in to WSTW 93.7 FM, or go to <https://www.wstw.com/wstw-stormwatch/> for information on closing and late openings.

Representative
Initial: _____

5. Transportation – WADCC does not offer routine transportation.

Representative
Initial: _____

6. Charges:

- See the fees and services attachment.

Representative
Initial: _____

7. Payment Procedure:

- Payment is due within 30 days and can be made by cash, check, or money order. Credit cards are not accepted.
- A return check fee of \$30 is charged.
- Late payment fee of \$25.00 is charged for payments greater than 30 days overdue.
- If payment is not received within 60 days, the Center will no longer provide services to the participant.

Representative
Initial: _____

8. Discontinuation of services:

- Voluntary – Please provide a written, two week notice for voluntary discontinuation of services.
- Involuntary - If the center determines that discharge is appropriate, discontinuation of services procedures shall be initiated by providing a two week written notice. The participant and/or representative may request reconsideration within three days. The Director or nurse shall review the circumstance and make a determination within five business days. Normal charges will apply during this time.
- Failure to attend or call in any 30 consecutive day period will be considered voluntary discontinuation of services. Once services have been discontinued, you must reapply in order to resume attending the center.

- Discharge criteria include:
 1. Participant needs can no longer be met by the services provided by WADCC.
 2. Participant is not in compliance with the written admission agreement.
 3. Welfare of the participant or the welfare of others is at risk.
 4. Nonpayment of justified charges exceeds 60 days.

Representative
Initial: _____

9. Complaint Resolution - The following options are available if you have a concern or complaint:

- a. Discuss the issue with the Director or the nurse. You may call, schedule an appointment or put your concern in writing. Assistant director
- b. Document your concern and leave it in an envelope on the desk. If you include your name, we will respond to you personally. Concerns submitted anonymously will be addressed on a general level.
- c. A satisfaction survey is available upon request.
- d. If you feel that you are being treated poorly, are being abused, neglected, or are otherwise at risk, you may contact the Office of Health Facilities Licensing and Certification (800) 942-7373 to file a complaint. WADCC does not endorse inappropriate conduct of staff or unsafe conditions. Please notify the Director immediately if you feel threatened, neglected, or otherwise at risk.

Representative
Initial: _____

10. The Center shall not be responsible for any loss or damage to any valuables, personal items, or money brought into the Center. Lockers with locks are available upon request.

Representative
Initial: _____

11. All services, fees, and payment terms are subject to change. WADCC will provide a 30 day written notice to the participant and/or representative of any changes.

- A \$15 late fee will be charged for each 10 minutes after scheduled pick up time.
- A non-refundable \$75 registration fee is due at or prior to admission.
- Showering assistance is available for a fee of \$12 per shower.
- Other fee based services may be arranged. Please inquire.

Representative
Initial: _____

Participant Agreement

Each section of the Agreement is valid independently. Should one or more sections become invalid or unenforceable the validity and enforceability of other sections will remain unchanged. If any law or administrative rule or regulation makes it impossible or illegal to perform any service listed herein, the participant and/or representative and WADCC agree that the parties shall continue, to the greatest extent possible, to fulfill their respective obligations consistent with the law, and as outlined in this Agreement.

Please respond to the following statements by signing with your initials.

Yes	No	
		I have an Advance Health Care Directive.
		I have provided the center with a copy of my Advance Health Care Directive.
		I authorize the center to post my birth date in the center.
		I authorize the center to post photographs of myself inside the center.
		I authorize the center to publish photographs of myself in the center newsletter, or on the Center’s website, which may be distributed to family members, potential participants and the public in general, including on social media.
		I authorize WADCC to obtain any and/or all medical records from my physician in order to provide comprehensive care.
		I authorize WADCC to release any necessary information, provide or make arrangements for services, in the event of an emergency.
		I acknowledge that I have received the Participant Agreement and that I have read, understand, and agree to abide by the rules within.
		I acknowledge that I have received the Fee Schedule and that I have read, understand, and agree to pay for services as described.
Notes:		

I have read the above Participant Agreement and all my questions have been answered to my satisfaction. I hereby certify that the Participant Agreement has been explained to me. I understand that by signing below I consent to the terms of the Participant Agreement, accept financial responsibility for participation in the program, and authorize the center to provide daytime care and supervision.

Participant Signature: _____ Date: _____

Representative Signature: _____ Date: _____

WADCC Employee Signature: _____ Date: _____

Attachment: Services and fees

Weston Adult Day Care Center

All fees are subject to change with a 30 day written notice.

- A \$15 late fee will be charged for each 10 minutes after scheduled pick up time.
- A non-refundable \$75 registration fee is due at or prior to admission.
- Daily fee is \$60.00 per day for service of 4 hours or more. For services provided fewer than 4 hours the fee is \$40.00. A \$5.00/day discount is applied when attending 5 days per week.
- Showering assistance is available for a fee of \$12 per shower.
- Other fee based services may be arranged. Please inquire.
- A \$15 late fee will be charged for each 10 minutes after scheduled pick up time.

Registration fee of \$75 paid on _____

Payment method: Self pay Insurance (participant is responsible for insurance arrangements)

Insurance information (if applicable):

Insurance Provider: _____

ID number: _____

Group Number: _____

Address: _____

Case manager phone (if applicable): _____

Additional information: _____

Participant Signature: _____ Date: _____

Representative Signature: _____ Date: _____

WADCC Employee Signature: _____ Date: _____