



# Helping Hands Adult Day Program

## Participant's Rights

Each participant enrolled in the Helping Hands Adult Day Program shall have the following rights.

1. To take part in the development and implementation of your plan of services and care.
2. To be fully informed regarding the services and care to be provided, including frequency and objectives.
3. To be fully informed in writing prior to or at the time of enrollment, or during participation in services available at the Program and of related charges, including any charges not covered by the Adult Day Program basic daily rate.
4. To be fully informed of rights and responsibilities as a participant and of all rules and regulations governing participation in the Program.
5. To have reasonable access to a telephone, both to make and receive confidential calls or to have such calls made for you, if necessary.
6. To be encouraged and assisted throughout your participation in the Program to exercise your rights as a participant, as well as your civil and legal rights. This may include voicing grievances and recommending changes in policies and services to Program staff and outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by the Program or its staff.
7. To have a fair hearing when disagreements exist.
8. To end your participation in the Adult Day Program at any time.
9. To refuse services and be informed of the consequences of such refusal.
10. To be discharged only for medical reasons, or for your welfare or that of other participants, or for non-payment of your services. You will be given reasonable advance notice, which will ensure orderly discharge. Such actions will be documented in your records.

11. To be insured of confidential treatment of all information contained in your records, including information contained in any automatic data bank, for example, a computer.
12. To now be required to perform service for Helping Hands Adult Day Program that is not include for therapeutic purposed in your individual needs and services plan.
13. To dignity, privacy and humane care, including privacy during care for your personal needs.
14. To be free from harm, including unnecessary physical restraint or isolation, excessive medications, physical or mental abuses or neglect.
15. To be free from hazardous procedures.

# Participant Agreement

**Participant Name:** \_\_\_\_\_

**Program Name:** Helping Hands Adult Day Program

**Services:**

The Adult Day Program fully evaluated my physical, mental, and emotional condition on \_\_\_\_\_ and I have been accepted into the Adult Day Program.

My Needs and Services Plan and attendance will be reviewed and modified as needed and will be discussed with me but will not necessitate my signing another Participant Agreement. I will probably be attending the Adult Day Program \_\_\_\_\_ times a week.

My method of transportation to and from the Program will be: \_\_\_\_\_

My scheduled days of attendance are: **M**\_\_\_ **T**\_\_\_ **F**\_\_\_

My starting date is: \_\_\_\_\_

**Participant Rights:**

I have been given a copy of my rights and these have been explained to me.

**Non-discrimination:**

Services shall, at all times, be provided without discrimination in regard to, race, color, religion, age, sex, national origin, ancestry, or physical or mental disability.

**Conditions of Enrollment:**

I understand that my participation in the Adult Day Program is voluntary and that I may discontinue participation at any time by notifying the Adult Day Program or the State of California Community Care Licensing Division declaring my intentions either orally or in writing. I further understand that the Adult Day Program may stop my attendance under the following conditions:

- (1) If I move from the designated service area permanently.
- (2) I have made maximum use of the services and there is no further need for service, as determined by the Adult Day Program staff.
- (3) If I am unable or unwilling to use the prescribed services and the Adult Day Program staff has made every effort to assist me.
- (4) Non-payment of services.

**Grievance Procedure:**

The Adult Day Program’s grievance procedure has been explained to me and I understand that if I am dissatisfied with the services provided by the Adult Day Program, I may file a grievance. If I am not satisfied with the Program’s resolution of my grievance, I have the right to a fair hearing with the State of California Community Care Licensing Division.

**Billing Procedure:**

Participants are billed immediately following each month of service. All billings are due and payable upon receipt. Fees are based on a sliding scale per day, and fees will be reevaluated each fiscal year and could be increased based on increased costs.

**Your Donation Rate Is:** \_\_\_\_\_

**Transportation:**

I agree I may be required travel time that exceeds one hour each way to and from the program. I agree that a responsible party will be present both in the morning and in the afternoon when the bus arrives at my home or obtain a waiver from my physician.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness/Legal Party/Conservator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

I hereby certify that this Participant Agreement has been explained and a copy has been given to the Participant and their Responsible Party.

\_\_\_\_\_  
Helping Hands ADP Representative Signature

\_\_\_\_\_  
Title