

Spectrum Care LLC

CLIENT AND FAMILY RESPONSIBILITIES

Clients shall be informed by the ARMHS Administrative Staff or MHP of their responsibilities related to the care or services that will be provided regarding ARMHS. Family/client will be responsible for

1. Determining that the client's clinical needs can be met via Diagnostic Assessment (DA) and functional assessment (FA) at home.
2. Client will assist in assuring that the home environment supports home care services
3. Client/family will participate in the development of the plan of care and need for changes
4. Client agrees to notify agency 24 hours in advance when scheduled visits/hours cannot be kept.
5. Client will supply accurate and complete information regarding medical history.
6. Client is responsible to collaborate with agency if instructions are not understood or cannot be followed.
7. Client agrees to treat agency staff with respect and to provide a safe environment. This includes:
 - No weapons visible. All weapons in home must be locked up and guns not loaded
 - No verbal abuse or threats to persons safety
 - No sexual harassment
 - No foul language
 - No sexual innuendos
8. Client will be free of contagious disease or notify agency if such situation exists.
9. **The client is able to care for self or there is a reliable caregiver to meet client needs when staffing cannot be provided or between home visits.** Unforeseen problems with illness, weather, emergencies, etc. may cause the agency to be unable to provide the scheduled service.
10. Clients are entirely responsible for arranging and managing their own transportation to and from any appointments or engagements that take place outside of their home. Staff members are not responsible for providing transportation services.
11. Household chores and duties must be completed by the client, who is responsible for all their household chores and duties. Agency staff will work with the client to teach, mentor, and coach them on necessary skills. The agency is only responsible for the care of those individuals identified in the service agreement.

I acknowledge reading, understanding and receiving a copy of the above client/family responsibilities.

Client/Authorized Person Signature

Date

Spectrum Care LLC Staff Signature

Date