



DEMOGRAPHIC INFORMATION

Date of Admission: _____

Full Name: _____

Address: _____

City, State, Zip: _____

SSN: _____ DOB: _____ Sex: M // F

Phone Number: _____ Alt. Phone Number: _____

Marital Status: _____ Preferred Language: _____

Medicare: _____ Medicare **HMO**: _____ Other: _____

Medicaid: _____ Medicaid **MMA**: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: H // C // W _____ Alt. Phone Number: _____

Medical History:

Diagnosis: _____

Allergies: _____

Precautions: _____

Limitations: _____

Long Term Care Program Information:

Start Date: _____ Service Schedule: _____

Start Date: _____ Transportation Schedule: _____

Case Manager: _____ Phone Number: _____

LTC Provider: _____

Transportation: STS // FAMILY // FACILITY

Start Date: _____ Service Schedule: _____

Start Date: _____ Transportation Schedule: _____

Case Manager: _____ Phone Number: _____

LTC Provider: _____

Transportation: STS // FAMILY // FACILITY



PARTICIPANT'S BILL OF RIGHTS

- I Participants will respect the personal rights and private property of other participants and employees.
- II Participant may retain services of his/her physician.
- III Only licensed physicians may administer any medication.
- IV Participants are free from abuse, neglect, and exploitation and free from chemical and physical restraints. Drugs and other medications shall not be used for punishment, convenience of Staff, or in quantities that interfere with a Participant's rehabilitation or Activities of Daily Living.
- V Participant is assured confidentiality of treatment and medical records.
- VI Participant will not be an object of discrimination.
- VII Participant is allowed to communicate freely with persons of his/her choosing.
- VIII Participant is assured the right to exercise his/her civil and religious beliefs and rights.
- IX Participant is barred from entering the kitchen area at all to avoid any injuries or contamination.
- X Participant can file a complaint, anonymously or not, by completing the form by the suggestion box and submitting it. Submissions are reviewed and addressed every Monday. The participant can appeal a decision made by the facility, in writing.

By signing below, the participant or responsible party understands and agrees that the participant must abide by the rules above. In the event of an infraction of any of the above regulations, the facility will allow the participant 15 calendar days to arrange for alternative services except in cases of emergency as determined by the Governing Authority of the Center. The facility withholds the right to dismiss participant for medical reasons, programs, or non-payments.

Participant/Responsible Party (Print)

Participant/Responsible Party Signature

Date

To file a complaint regarding the services you receive, please call toll-free: 1-888-419-3456

To report abuse, neglect, or exploitation, please call toll-free: 1-800-96-ABUSE

To report suspected Medicaid fraud, please call toll-free: 1-888-419-3456



AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION

I, _____, hereby allow Forever Young Adult Center to supervise
_____ while he/she self-administers his/her medication.

I understand and agree that I will inform the administration if any changes are made by his/her physician.

Participant/Responsible Party (Print)

Participant/Responsible Party Signature

Date



AUTHORIZATION FOR EMERGENCY TREATMENT

I, _____, hereby certify that Forever Young Adult Center can give
_____ emergency medical treatment. The preferred hospital for treatment
is _____. In the event that I cannot be contacted, I understand that the
participant will be taken to the nearest hospital. The determination of the hospital for treatment will be
made by Forever Young Adult Center staff or the paramedics from the emergency medical services.

I understand that in the event that the emergency results in the diagnosis of a communicable disease, I
must notify the facility administrators so that they and other participants may take the necessary
precautions to avoid the spread of the disease.

Participant/Responsible Party (Print)

Participant/Responsible Party Signature

Date



ADMISSION, SERVICES, AND FINANCIAL AGREEMENT **PRIVATE AGREEMENT**

I, _____, agree that the service fees are payable in advance on or before the _____ of every month. I also understand that Forever Young Adult Center withholds the right to change the rates and pay dates through writing, with at least 30 days of notice. If I were to default, I understand that the participant will be discharged with 15 calendar days to find another center or accommodation.

Participant/Responsible Party (Print)

Participant/Responsible Party Signature

Date

Administrator

Date



ADMISSION, SERVICES, AND FINANCIAL AGREEMENT

This agreement, made on _____ between _____ and Forever Young Adult Center certifies that the below was read and understood by the participant and/or responsible party.

GENERAL CONDITIONS

I PERSONAL PROPERTY:

- i) It is hereby understood that Forever Young Adult Center is not responsible for the personal property of the participants, including but not limited to valuables, monies, or clothing unless held in trust through a written agreement.

II ACKNOWLEDGMENT:

- i) The participant or responsible party hereby acknowledges the following:
 - 1) Each has received a duplicate original of this agreement and any attachments herein.
 - 2) Each has been given a verbal explanation of the services provided by the facility and the charges, including those services offered on an “as needed” basis.
 - 3) Admission to Forever Young Adult Center will not be permitted or complete without the following forms:
 - (a) Physical Health Examination (completed by a physician)
 - (b) Participant’s Health Assessment
 - (c) AHCA MedServ-3008 (Medical Certification for Medicaid Long-Term Care Services and Patient Transfer Form)
- ii) The participant shall be dropped off at _____ a.m. and picked up at _____ p.m.*
- iii) The participant hereby understands that he/she may be dismissed for medical reasons, a change in his/her program, or for non-payment.
- iv) If the participant or responsible party will be paying on a private basis, an agreement must be signed and included in the participant file.

*In case of any circumstances causing delay, the participant or responsible party must contact the administrator of the facility immediately and notify of them of the length of delay.

Participant/Responsible Party (Print)

Participant/Responsible Party Signature

Date



ADMISSION, SERVICES, AND FINANCIAL AGREEMENT

Forever Young Adult Center agrees to the following services if and when they are needed by the participant under the conditions set forth:

I NEEDS:

- i) Administration of medication under supervision x
- ii) Transportation to and from the facility x
- iii) Breakfast, lunch, and snacks daily x

II SERVICES:

- i) Arts and crafts
- ii) Music and Karaoke
- iii) Mentally stimulating games (e.g. bingo, dominos, etc.)
- iv) Stretching and other light exercises
- v) Routine beauty care (e.g. manicures and hair styling)*
- vi) Field trips and outings*

*notice of any surplus charges will be sent 15 days in advance

III CONDITIONS AND ADVISEMENTS:

- i) If any other activities are added to the schedule, notification will be sent 30 days in advance via mail.
- ii) In case of an emergency at the facility, our approved Lake Evacuation Plan will be activated per the facility policies.
- iii) Any pay rate changes will be in writing and notification will be sent 30 days in advance.

IV PAY RATE:

- i) The pay rate will be as follows:
 - 1) \$ _____ per day, paid in full by the _____ of every month.
- ii) Any refunds due to the participant or responsible party will be prorated on a daily basis and payable within 15 days.

Participant/Responsible Party (Print)

Participant/Responsible Party Signature

Date

Administrator

Date



PARTICIPANT GREIVANCE POLICY AND PROCEDURES

- I. **Purpose**
 - A. Forever Young Adult Center encourages fair, efficient, and equitable solutions for problems arising out of the employment relationship and to meet the requirement of the state of Florida, AHCA, and federal law.
- II. **Scope of Grievance Policy**
 - A. Complaints concerning staff members, treatment, food, transportation, or the like will be dealt with by the administrator or alternate administrator. Such complaints will be considered on an informal basis in order to allow prompt correction or explanation of the subject of complaint.
 - i. The complaint of all participants will be considered pursuant to the procedures detailed below.
 - ii. Retaliation from the administration is prohibited. No participant shall be penalized, disciplined or prejudiced for exercising the right to make a complaint or for aiding another participant in the presentation of a complaint.
- III. **Procedure for Presenting a Grievance**
 - A. The participant shall informally present the complaint to the administrator or the alternate administrator for discussion, consideration, and resolution within five (5) working days from the date of the action which is the subject of the complaint. If the administrator is the subject of the complaint, the participant may address the complaint to the appropriate department or administrative equivalent.
 - B. If the complaint is not satisfactorily resolved by the administrator or alternate administrator within five (5) working days, the participant may present the complaint in writing within five (5) working days of the response to the appropriate department or administrative equivalent for consideration and action. A written decision will be mailed to the participant within five (5) working days of receipt of the company.
 - C. If the participant is not satisfied with the decision of the administrative department or administrative equivalent, a written appeal stating why the appealed decision is incorrect may be made to the appropriate party, director or administrative equivalent within five (5) working days of the date of the appealed decision. Within ten (10) working days of the date of the appeal a written decision will be mailed to the participant.
 - D. Complaints not satisfactorily resolved by the administrative department, director, or administrative equivalent may be appealed in writing to the appropriate order or administrative equivalent for the participant's department within five (5) working days of the date of the appealed decision. The appeal shall state why the appealed decision is not correct. Within a reasonable time frame, not to exceed thirty (30) days following the receipt of the appeal, a written decision will be mailed to the participant. The decision is final.
 - E. The written complaint and all decisions or responses regarding such complaint shall be a part of the personnel file of the participant.



MEDIA RELEASE FORM

Participant Name: _____

This form serves as authorization for Forever Young Adult Center to take pictures of my likeness for use in emergency circumstances. I acknowledge that this photograph will be held in my patient file and will only be reproduced or dispersed in case of an emergency.

Participant/Responsible Party (Print)

Participant/Responsible Party Signature

Date

Administrator

Date

600 W North Blvd Suite A, Leesburg, FL 34748 | **Web Site:** www.foreveryoungac.com

Phone 352-320-3305 **Fax** 407-850-2648 **Emial** administration@foreveryoungac.com



SOCIAL MEDIA/COMMERCIAL MEDIA RELEASE FORM

Participant Name: _____

This form serves as authorization for Forever Young Adult Center to take pictures of my likeness for use in social media, such as Facebook, Instagram, and the company website, and other commercial purposes, including but not limited to advertisements, flyers, and brochures.

Participant/Responsible Party (Print)

Participant/Responsible Party Signature

Date

Administrator

Date



AUTHORIZATION FOR TRANSPORTATION

I, _____, hereby authorize Forever Young Adult Center to transport _____ to and/or from the Adult Day. I understand that I must advise an administrator of the facility if the above named participant is unable to attend his/her assigned program by calling sufficiently before the normal pickup time.

I also certify that _____ can // cannot be left unattended at their home. In the event that the participant cannot be home without a responsible person, I acknowledge that I am in charge of picking him/her up from the facility.

I also understand that in the event of moving to a new address, the facility may not be able to provide transportation.

Participant/Responsible Party (Print)

Participant/Responsible Party Signature

Date