



# Service Agreement

Please initial each item indicating that you have received and understand the following information.

**Participant's Name:** \_\_\_\_\_

\_\_\_\_\_ **Admissions and Discharges:** In consideration of acceptance to Companion Day Services (CDS), I agree to abide by the policies of the program and I give full permission for CDS to care for me and/or my loved one. It is further understood that CDS, at its discretion, can terminate participation in the program if in the opinion of the staff, participation is not in the participant's best interest or the best interest of the program or it's other participants. I understand that a day by day trial period is extended to all participants to evaluate appropriateness in the programs. I will be notified by CDS staff immediately, if during this period or at any other time, it becomes apparent that there may be reason to believe the participant will not be able to continue in the program. I agree to give CDS at least two weeks notice if I plan to withdraw from the program. I have been given a written Program Description and an Informational Guide for my reference.

\_\_\_\_\_ **Consent for Emergency Treatment:** In case of illness or injury while at CDS, I understand that staff will attempt to contact the first emergency contact listed and proceed until an emergency contact is reached who will be expected to make immediate arrangement for the participant's care. If the situation is judged to be critical, I understand that the Marshfield Ambulance Service will be called to transport the participant to St. Joseph's Hospital for appropriate treatment. I am aware of CDS Emergency Treatment Procedures and agree to provide a copy of any/all completed advance directives. I request that the wishes noted be followed in an emergency situation including code status which is:

\_\_\_\_\_ Full Code (resuscitation)      \_\_\_\_\_ DNR (do not resuscitate)

\_\_\_\_\_ **Consent for Field Trip:** I give my permission to participate in field trips and be transported as needed for those field trips.

\_\_\_\_\_ **Photograph Consent:** I give permission to CDS and other media to take photographs of me or my participant while attending CDS. I understand that the media may be used inside and outside of the Intergenerational solely for the promotion of CDS and/or the Tiny Tiger Intergenerational Center . I understand that I will be made aware of the use of such photographs.

\_\_\_\_\_ **Intergenerational Programming:** I understand that CDS is part of an Intergenerational Center which provides services to young children from Tiny Tiger Child Care and students from a Human Services Academy Charter School. I give full permission for my participant to partake in any and all activities that are arranged with these children and students. I also give my permission for students to observe on site activities in an effort to promote education.

\_\_\_\_\_ **Fees For Service/Billing:** The fees for service and billing procedures have been explained to me and provided to me via the Informational Guide. I understand that fees are due on Friday by 5:30pm for services rendered the week prior. I understand that charges will be reviewed annually and fees for service may change. I will receive at least 30 days advanced notice of such changes. I will be responsible for paying the new service rates once the new rate has been put into place. I have been made fully aware of the current fees and I agree to pay accordingly.

\_\_\_\_\_ **Confidentiality:** I understand that all participant information will remain confidential unless there is a need for information to be dispensed and an authorization for release of information is signed.

\_\_\_\_\_ **Rights and Responsibilities:** I acknowledge receipt of the Participant Bill Of Rights and Responsibilities.

\_\_\_\_\_ **Administration of Medication Policy:** I am aware of CDS administration of medication policy and I give Companion Day Services permission to dispense medications as ordered.

\_\_\_\_\_ **Meals/Snacks:** I have been made aware that CDS is part of the CACFP and will provide nutritional meals and snacks. I am aware that CDS may contract if needed with a local food provider, which meets the CACFP standards.

I have read the above agreement and agree to abide by the agreement terms as written.

Participant/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

CDS Representative: \_\_\_\_\_ Date: \_\_\_\_\_