

ALPS Adult Day Services
Policies and Admissions Agreement

participant name: _____ start date: _____

1. Hours to be spent at the Center will be based upon the participant's ability level and family need. Hours will be approved by the Executive Director and will be reviewed as the participant's ability level changes.
2. Days to be spent at the Center will be based upon the participant's ability level and family need. Three to five days per week is recommended but not mandatory in order for the participant to remain adjusted to the program and to receive maximum benefits from the Center's activities.
3. Center hours are from 7:30 a.m. to 5:30 p.m. (with some exceptions). **Late pick-up charges are \$5.00 for each minute past 5:30 p.m. INITIAL: _____**
4. ALPS must have *two* current emergency numbers on file at all times.
5. Transportation to the Center is provided by the participant's family or other caregiver who will escort the participant into the appropriate activity room or reception area.
6. Prescription medications must be brought to or kept at the Center in a duplicate prescription bottle. Nonprescription medications must be in their original container. Medications will be stored in a locked secure area, and participants may not have medication in their possession at *any* time.
7. Participants must have had a physical exam within three months prior to enrollment. In the event of an emergency, the preferred Morristown hospital (as indicated on the registration form) will be used.
8. Ongoing family/caregiver involvement is essential. Families are encouraged to attend special events, caregiver classes, and support group meetings.
9. A family member/caregiver will give the Center **24-hour notice** if the participant is unable to attend on a scheduled day, at which time an alternate day may be scheduled. **Participants will be charged the full fee of \$50.00 for absences without notification. INITIAL: _____**
10. Participants may be suspended or terminated from the program for: (1) behavior which is severely disruptive to activities; (2) behavior which places other clients, staff members, or others in danger; (3) change in medical status which cannot be managed at the Center; (4) communicable diseases; (5) failure of participant's family/caregiver to adhere to Center policies; and (6) failure to pay fees.
11. Participants with infectious disease or illness (such as vomiting or diarrhea) are not allowed to attend the Center. Anyone who becomes ill or who is injured at the Center must be picked up by a family member/caregiver within one hour of notification by staff. A physician's release must be obtained and on file at ALPS prior to the participant's re-entering the program.
12. Scheduled days on which ALPS will be closed will be posted on the Center door. The Center may also close for severe weather conditions, at which time a message will be left on the Center's answering machine.
13. Video monitoring of clients and activities may be utilized at times to ensure client safety, as well as to allow caregivers the opportunity to observe their loved one as he/she participates in the program.
14. **Payment is expected within 15 days of receipt of invoice. A late fee of \$15.00 may be charged if payment is not received within this time period. INITIAL: _____**

I have read, understood, and agreed to the above ALPS policies:

caregiver signature: _____ date: _____