

MARSHFIELD AREA RESPITE CARE CENTER, INC
MARCC
P O Box 485
Marshfield, Wisconsin 54449
715/384-8478

ENROLLMENT AGREEMENT

PARTICIPANT NAME _____ Date _____

CAREGIVER'S NAME _____
Relationship _____

ENROLLMENT DATE _____

PROGRAM:

The services of MARCC are offered to enhance the quality of life for the participant and caregiver by offering safe opportunities for socialization and activities and may maintain or improve the level of functioning of the participant and give time free of care responsibilities for the caregiver.

BASIC SERVICES

1. Observation and supervision in a safe, comfortable environment
2. Daily observation of participant's general health and behavior
3. Supervision of noon meal and snacks/beverages
4. Assistance with personal care needs
5. Social/recreational activities planned to meet participant's level of ability and interest

EMERGENCY CARE

MARCC staff will notify the caregiver of illness and call 911 for emergency care. It is noted that when emergency personnel are present, they are required to perform emergency life support measures.

ELIGIBILITY

MARCC will serve an older adult with memory loss in need of basic care and socialization. The participant must be continent or able to wear protective undergarments. It may be necessary to provide a change of clothing. This is not intended to deny participation in the event of an occasional incident of incontinence. The participant must also be free from any infectious disease. MARCC does not discriminate on basis of disability, race, religion, or ability to pay.

CENTER POLICIES

1. *MARCC provides a social model daycare/respite program that facilitates daily opportunities for people receiving HCBS and others to interact with people from the broader community.*

2. *MARCC offers a variety of activities throughout the day. MARCC is able to adapt activities and schedules to the person's needs and preferences upon request. This includes using adaptive aids and technology to assist in activity participation and one on one assistance.*
3. It is not licensed for and cannot provide medical/nursing services including the administration of medications. They will, however, remind a participant of the need to take a medication if it is absolutely necessary during hours of participation.
4. Days and hours of operation are Monday through Friday, 10:00 a.m. to 4:00 p.m. Participants may attend half or full days.
5. MARCC will be closed on legal holidays.
6. MARCC Inc., staff, volunteers or other participants will not be held responsible for any money, valuables or personal effects brought to the Center. Participants may bring purses or wallets to MARCC. They may keep these items with them or have them locked up. MARCC will not be responsible for these items.
7. Participants will be monitored as closely as possible, but the Center staff will not be responsible for participant's wandering or potential elopement away from the Center.
8. Medications may not be brought into the Center without the knowledge of the Center staff. According to State certification, all medications must be locked up on the premises.
9. Participants have choice to refuse to eat meal being served and request a different meal to their liking. When assistance is needed, MARCC staff or volunteer will ensure dignity of participant by focusing on participant's cues to be fed at their desired pace. Participant has right to choose order of how food is given, i.e. dessert first. Participant has right to choose if food is served hot or cold. Participants also have right to request to eat alone.
10. Participants have the right to choose 1) their activity 2) when to participate 3) how to participate-on their own or small or large group 4) who to participate with whether another participant, or staff or volunteer or all. 5) *to adapt activities and schedules to the person's needs and preferences upon request. This includes using adaptive aids and technology and one on one assistance to assist in activity participation.*
11. Personal care policy: Participants have the right to privacy in receiving personal care. This means staff and/or volunteers should not discuss outside of personal care room. Participant has right to use restroom down the hall for more privacy. Participant has right to request personal assistance. Participant has right to refuse personal assistance.
12. Confidentiality policy: Participants have the right to confidentiality while attending MARCC.

FAMILY/CAREGIVERS RESPONSIBILITIES

1. To ensure that participants arrive and depart on time.
2. Call the Director before scheduled arrival time to report an illness or other reason the participant will not be coming on a given day.
3. Furnish changes of clothing or protective garments as may be needed for participant.
4. Disclose information that would be helpful in meeting the needs of the participant during the program planning process or in the event of an unusual incident such as a fall, new medication etc.

5. Participate in care planning and evaluation of the participant's activities at the Center to maximize the benefit to the participant and caregiver.

FEES

The fee at MARCC is **\$42.00** for a full six-hour day or **\$21.00 for half day or \$7.00** per hour. This fee includes a meal, if served during the hours of participation, and two snacks a day. No participant will be denied participation if unable to pay the stated fee. Referral will be made to the Aging & Disability Resource Center of Central Wisconsin for assessment of eligibility for financial assistance if requested. If no funds are available through that agency, a sliding scale will be used to establish a rate acceptable to the family. Center staff caregivers will not be involved in the financial arrangements/decisions. Thirty days notice will be given if it is necessary to change the fee or the days or hours of operation.

MARCC also accepts payments from Family Care programs. All participants receiving HCBS and others have equal services regardless of income.

PARTICIPANT RIGHTS

As participants in the Marshfield Area Respite Care program, you and your family member are entitled to the following rights:

1. The right to be treated with respect and dignity.
2. The right to be free from physical or verbal abuse.
3. The right to participate in the development of one's service plan, with support from staff and caregiver.
4. The right to adapt activities & schedules to a participant's needs & preferences upon request.
5. The right to refuse to participate in any particular activity.
6. The right to privacy and confidentiality.
7. The right to be fully informed of all the services provided and the charge for those services.
8. The right to be informed of the reason for discharge and the procedures for appealing that decision
9. The right to initiate a complaint and be informed of the complaint procedure.
10. The right to access to community.
11. The right to choose who to participate with inside the MARCC setting.
12. The right to move outside and who to participate with outside and in a community setting.

- 13. The right to dignity while dining including the right to refuse food items, request alternative meals, & request to dine alone.
- 14. The right to make a request for additional services or accommodations or changes to their setting-specific plans.
- 15. The right to be free from restraints.

CONSENTS

It is necessary to have consent for a number of things. Please initial all spaces where you give consent or cross off those to which you do not consent. The signature of the caregiver at the end will validate the initials or deletions. It is noted that all consents are for the participant named at the beginning of this document. In addition to those consents included in this document, you will be asked to sign a consent for emergency treatment, which can be given to the physician and hospital if it should be necessary.

PERMISSION TO OBTAIN EMERGENCY MEDICAL CARE

I authorize the Marshfield Area Respite Care Center staff to seek emergency medical care while he/she is in attendance at the Center program. I understand it may be necessary to call 911 for emergency help and my family member will be transported to the Marshfield Medical Center Emergency Department. I further understand that if 911 is called the emergency personnel are required to initiate life support measures.

Dr. _____ is _____’s physician To facilitate emergency response, participant’s birthdate is _____ **Initial**

Special instructions:

_____ has an Advance Directive (Durable Power of Attorney for Health Care or Living Will) and has stated he/she does not want Cardio-pulmonary Resuscitation done. I do understand that if emergency personnel have to be called, they are required to initiate resuscitation, but the staff at the Hospital will be informed of the existence of an Advance Directive--Power of Attorney for Health Care or Living Will. A copy of this document is in the Medical Record yes___, no___. **Initial.**

PHOTOGRAPH/ ACTIVITY CONSENT/RELEASE

I hereby consent to the following as part of the MARCC program:

___I understand a photo will be taken for identification purposes as required for State certification.

___I understand that individuals from the community, in addition to the regular volunteers, may come to the Center to participate in activities or services such as music, crafts, drama, etc.

In addition to the photo taken for identification purposes,

Yes___ No___ Photos may be taken for use in the Center or for family use.

Yes__ No__ **Photos may be taken for MARCC website, Facebook and other public uses.**
_____ **Initial**

CONSENT FOR FIELD TRIP

In order to provide a varied and stimulating program at MARCC, occasional field trip or outing may be taken. Transportation will be provided by private car, on foot, by the Wood County Transportation bus or by taxi van. During each outing staff and volunteers will exercise reasonable and sufficient care to ensure participant's safety.

The Center will not be liable for any unforeseen accidents or difficulties, which might arise during outings.

We plan these outings as stimulating and enjoyable activities for each participant. _____ **Initial**

CONSENT TO MAKE DECISIONS ABOUT SPENDING THEIR OWN MONEY EITHER ON-SITE OR IN THE COMMUNITY ON FIELD TRIPS

_____ *YES*, _____ *may bring own money and make decisions of how to spend money on-site or in the community on field trips.*

_____ *NO* _____ *may not bring own money and make decisions of how to spend money on-site or in the community on field trips.*

***MARCC is not responsible for any individual's money who chooses to bring or possess money on-site or on outings.**

MEDICATION WAIVER

I hereby authorize the staff of the Marshfield Area Respite Care Center to hand medication to _____, a participant in the Center. I understand that the staff of the Center cannot administer medications.

I will pre-measure the medication(s) and check to ensure that the drug(s) and dosage are consistent with the physician's instructions and is properly labeled. Only required doses for the day will be furnished and only when the administration schedule cannot be accommodated outside the hours of participation.

I hereby release the Marshfield Area Respite Care Center staff from any and all liability pertaining to the use of (list names of all medications).

_____ **Initial**

I have read this complete document and indicated my approval of appropriate items by an initial or have crossed them off to indicate my wishes.

Signed _____ Initial _____ Relationship _____

Witness _____ Title _____