



# SCI SAGE

## Agreement for SAGE Private Services

Client name Last First MI

Client address City, State Zip County

Date of birth Age Gender Marital status

Home phone Cell phone email address

Emergency contact Name Relationship

Home phone Cell phone Work phone

Description of services to be provided	Start date:	
<b>Home delivered meals</b> \$5 per frozen breakfast	<b>Frequency</b> (days/week)	<b>Duration</b> (length of enrollment)
\$6 per hot lunch		
\$6 per frozen dinner		
<b>In-Home Care*</b> <input type="checkbox"/> Personal Care \$21 per hour <input type="checkbox"/> Companion/ 2 hour minimum Homemaker	<b>Frequency</b> (days/week)	<b>Duration</b> (# of hours of service/day)
<b>Nursing services*</b> \$44 first hour, then 1/4 hour increment	<b>Frequency</b> (days/week)	<b>Duration</b> (# of hours of service/day)
<b>Adult daytime care</b> \$40 per day (inquire about half-day rates)	<b>Frequency</b> (days/week)	<b>Duration</b> (# of hours of service/day)

Rates subject to change. Please check with SAGE staff for current rates.

\* Holiday rates for In-Home Care/Nursing will be charged at 1.5 times the normal rate.

SCI requires a \$100.00 pre-payment for services to begin. This pre-payment will be a credit to your account and will be applied towards your first bill. You will be billed biweekly for in-home care, and monthly for home-delivered meals and adult daytime care services. Charges for these services are payable upon receipt of statement. Payments can be made by check, credit/debit card, or cash. Late charges of 1½% per month for all charges not paid within 30 days of the billing date will apply. A fee of \$35.00 will be charged should a check be returned.

**For In-Home Care/Nursing only:** Mileage will be accrued at a rate of \$.50/mile. Mapquest will be used to determine mileage. Clients requesting errands/doctor visits will be charged mileage at a rate of \$.50/mile.

SCI has the right to terminate services permanently at any time due to lack of payment in accordance with this agreement. Rates may increase with a 15-day written notice from SCI.

Under no circumstances should a client provide SCI staff access to their funds or vehicle as SCI does not provide bill pay or allow our staff to accept money for errands or provide transportation.

For more information or questions, please contact SAGE at (912) 236-0363 or toll-free at (866) 579-2116 or write us at Senior Citizens, Inc., 3025 Bull Street, Savannah, GA 31405.



# Client Rights and Responsibilities

## YOUR RIGHTS

**Since you receive or have requested services from SCI, you have the following rights:**

1. All personal information, including information in your client record at SCI, is treated as private and confidential.
2. You may request to see your file at any time during regular business hours of the Agency. You have the right to be informed about your plan of services, to participate in the development of your care plan, and receive services in accordance with your care plan.
3. You have the right to be promptly informed of any changes to your care plan.
4. You have the right to accept or refuse any services offered and indicated on your care plan.
5. You have the right to have your property and residence treated with respect.
6. You have the right to be informed of the charges for services prior to delivery.
7. You have the right of access to accurate and easy to understand information.
8. You have the right to be treated with respect and to maintain dignity and individuality.
9. You have the right to be free from mental, verbal, physical or sexual abuse, neglect, exploitation, isolation, corporal or unusual punishment including interference with daily functions of living.
10. You have the right to be free from chemical or physical restraints.
11. You have the right to be advised in advance of the provider(s) who will furnish care and the frequency and duration of visits ordered.
12. You have the right to a choice of approved service providers.
13. You have the right to be fully and promptly informed of any liability and the consequences, if any liability is not paid.
14. You have the right to receive adequate and appropriate care and services without discrimination.
15. You have the right to be informed of the name, business telephone number and business address of the person supervising your services. Those listed below can assist you:

Care Advisors	Michael Solomon, Chief Operating Officer, SCI
3025 Bull Street	3025 Bull Street
Savannah, GA 31405	Savannah, GA 31405
(912) 236-0363	(912) 236-0363
16. If, for any reason, you disagree with action taken regarding your needs, you have the right to file a complaint with this Agency, orally or in writing. You have the right to file your complaint without fear of discrimination or retaliation. Your complaint will be handled in a timely manner. You may file such a complaint with:

Patricia Lyons, President, SCI	
3025 Bull Street	
Savannah, GA 31405	
(912) 236-0363	
17. You have the right to receive notice of the address and telephone number of the state licensing authority responsible for licensure and complaint investigations. You may contact:

Healthcare Facility Regulation Division	
2 Peachtree Street NW	
Atlanta, GA 30303	
1-800-878-6442	
18. You have the right to obtain a copy of this agency's most recent report of licensure inspection. You may contact:

Patricia Lyons, President, SCI	Georgia Department of Community Health
3025 Bull Street	2 Peachtree Street NW
Savannah, GA 31405	Atlanta, GA 30303
(912) 236-0363	(404) 656-4507
19. You have the right not to be discriminated against on the basis of your political affiliation, religion, race, color, sex, handicap, national origin, age, or HIV/AIDS status. If you think you have been discriminated against, you should contact:

Michael Solomon, Chief Operating Officer, SCI	Patricia Lyons, President, SCI
3025 Bull Street	3025 Bull Street
Savannah, GA 31405	Savannah, GA 31405
(912) 236-0363	(912) 236-0363

## Billing information

Client will pay this account     Account will be paid by/responsible party:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Billing address

\_\_\_\_\_  
City, state

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell phone

Please bill my credit card monthly and send the receipt along with the paid invoice.

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Cardholder name

\_\_\_\_\_  
Expiration date

*I agree to the terms of this agreement and confirm that I have received a copy of this form and the Rights & Responsibilities.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This Agreement is not valid without SCI staff signature.**

### Staff use only

\_\_\_\_\_  
Date of initial contact

\_\_\_\_\_  
Referral date

\_\_\_\_\_  
Referred by

\_\_\_\_\_  
Description of services needed as stated by client or responsible party

\_\_\_\_\_

\_\_\_\_\_

Client refused to sign agreement Explanation \_\_\_\_\_

\_\_\_\_\_  
SCI representative (signature)

\_\_\_\_\_  
Date

## **YOUR RESPONSIBILITIES**

1. To provide correct information to your service worker.
2. To report any changes affecting your need for services so that this agency can adequately respond to those needs by reviewing and revising your care plan.
3. To treat staff in a courteous and respectful manner, as well as cooperate with and respect the rights of the caregivers providing care.
4. To participate actively in decisions regarding individual health care and service/care plan.
5. To abide by company policies that restrict duties our staff can perform.
6. To comply with agreed upon care.
7. To advise SCI management staff of any dissatisfaction or problem with your care.
8. To notify this agency should any of your service needs change.
9. To notify your physician, service provider(s), and/or caregiver(s) of any change in your condition.
10. To maintain a safe home environment or to inform providers of the presence of any safety hazard in the home.
11. To be available at times when services are scheduled to be rendered.
12. To protect your valuables, including cash and/or items of rare or sentimental value.
13. To pay any liability if applicable.

## **Disruptive Client Behavior**

In order to protect other clients, staff, or volunteers, SCI has established a policy regarding disruptive client behavior. Disruptive behavior is defined as, but not limited to, any criminal activity by the client, family or others in the household, and abusive behavior that may be physical, mental, verbal, or sexual in nature. Disruptive behavior may also encompass any intentional damage or threat to one's personal property, or any unsafe conditions not adequately resolved. In addition, any behaviors by a client or member of the household that disrupts a program's activities may result in the immediate termination of the client from the program. (Disruptive behavior in a Center setting may also include behavior or health condition that makes the client inappropriate for care in a group, therefore making them disruptive to the program for other clients.)

## **Non-Discrimination Policy**

Services at SCI are provided without discrimination on the basis of political affiliation, religion, race, color, sex, mental or physical handicap, national origin, age, or HIV/AIDS status.

If you believe you have been discriminated against on the basis of any of the above, call or write:

Patricia Lyons, President  
SCI  
3025 Bull Street  
Savannah, GA 31405  
(912) 236-0363 x115

Regional OCR  
Region VI Office of Civil Rights  
U.S. Department of Health & Human Services  
Sam Nunn Atlanta Federal Center, Suite 16770  
61 Forsyth Street SW  
Atlanta, GA 30303-8909  
Voice (800) 368-1019  
Fax (404) 562-7881  
TDD (800) 537-7697