

Tara Home

a Project of Land of Medicine Buddha
5800 Prescott Rd. Soquel, CA 95075-9407
(831) 477-7750

Residence Admission Agreement

Name of Applicant: _____ Social Security Number: _____

(Please initial one)

_____ I, the above named individual, request admission to Tara Home and acknowledge, consent, and agree to the following:

Or

_____ I, the DPOA and/or the member of the immediate family for the above named applicant, request his/her admission to Tara Home and agree to the following:

(Please initial each statement)

- _____ 1. As the resident, I ask that my family / friends respect my choice for palliative care at Tara Home.
- _____ 2. I understand that the care provided at Tara Home is palliative, not curative, in its goals and techniques; that the program emphasizes the alleviation of physical symptoms, including pain, and the identification and meeting of emotional and spiritual needs which I, the resident and my family / friends may experience related to my illness.
- _____ 3. I understand my prognosis and have come to the decision that I do not wish to be resuscitated in the event of a cardiopulmonary arrest; I have informed my physician of my wishes and executed a DNR (Do Not Resuscitate Order).
- _____ 4. I understand that medical and professional nursing services are provided by Hospice in consultation with my physician. These services include medical social work, regular visits by registered nurses, and 24 hour on-call nurses and physician for emergencies.
- _____ 5. I understand that if my need for medical or nursing care should at any time exceed those services provided by the Tara Home staff or by Hospice, I will be discharged from Tara Home and transferred home or to another appropriate facility. If my condition improves or stabilizes, Tara Home will do a periodic evaluation to determine the level of care necessary and if the needs are no longer appropriate to the purpose of Tara Home a transfer home or to another appropriate facility will be initiated. I will cover the costs of any transfer.
- _____ 6. I give consent and approval for notations to be made both on the records of Tara Home and Hospice regarding the care provided at Tara Home.
- _____ 7. I give consent and approval for the release of information and appropriate medical records to or from any health care provider or organization involved with my care.
- _____ 8. I understand that I am requested, prior to admission to Tara Home, to have and submit a copy of a Durable Power of Attorney for Health Care and a Durable Power of Attorney for Finances.

- _____ 9. I understand that after death arrangements and choices, including mortuary arrangements, must be completed prior to admission to Tara Home.
- _____ 10. Tara Home has a double-fee structure.
- _____ A. All residents will be charged a fee payable to Tara Home that includes facility usage and certain support services. I understand that it is my responsibility, or that of my designated responsible other, to make payments every month using my funds, and that failure to make such payments may result in discharge from Tara Home. Generally, third party payer sources do not reimburse for the above charges. I understand that it is my responsibility to pay for the costs of food purchased for me.
- _____ B. Medical services provided by Hospice and costs for medications and equipment and other services will be charged to my third party payer source or will be billed separately to me. I understand that it is my responsibility to pay for that portion of the bill that my third-party payer source does not pay.
- _____ 11. I understand that smoking is not permitted in Tara Home. Outside areas are provided for this purpose.
- _____ 12. I understand that I may drink alcohol in moderation as directed by my physician and that abuse of alcohol or disruptive behavior may result in my discharge from Tara Home.
- _____ 13. I understand that I am not permitted to keep or use weapons and/or illegal drugs of any kind at Tara Home.
- _____ 14. I understand that I and my family and friends who visit must abide by the general rules that apply to guests of Land of Medicine Buddha while at Tara Home at Land of Medicine Buddha.
- _____ 15. I understand that visitors may be limited at any time at my request, and that visitors will be asked to leave at any time if they become disruptive and/or disturb other residents. Visitors are asked to leave by 10:30 pm.
- _____ 16. I understand that I may voice my concerns regarding the care provided at Tara Home in writing to the Steering Committee of Tara Home / or the Executive Director.
- _____ 17. I understand that my home address will become the address of Tara Home in which I live. I hereby authorize services to be provided to me at Tara Home and accept full responsibility for payment of such services.

EXECUTION

_____ *Voluntary participation*

I acknowledge that I have voluntarily applied to become a resident of Tara Home.

Assumption of risk

I am aware that at Tara Home I may experience intense psychological, spiritual, and / or physical states of mind and body arising from the end-of-life process and the care associated with it. I am voluntarily participating in Tara Home with full knowledge of the risks involved, and hereby agree to accept any and all risks of harm that may result from these activities.

Release

As consideration for being permitted by Tara Home and the Land of Medicine Buddha to reside at Tara Home and receive end-of-life care there and use the facilities at Tara home and the Land of Medicine Buddha, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Tara Home or Land of Medicine Buddha, its affiliates, employees, agents or volunteers or any of its affiliated organizations for injury or damage resulting from acts, howsoever caused, by any employee, agent, volunteer, or contractor of Tara Home, Land of Medicine Buddha, or any of its affiliated organizations as a result of my participation in Tara Home. I hereby release Tara Home and any of its affiliated organizations from all actions, claims or demands that I, my assigns, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this event.

Knowing and voluntary execution

I have carefully read this agreement and fully understand its contents. I have been given ample opportunity to ask any and all questions concerning Tara home, the care provided, related charges, and complaint procedures. I am aware that this is a release of liability and a contract between myself and Tara home and / or its affiliated organizations, and sign it of my own free will.

Applicant

Signature

Print name

Date

Witness 1

Signature

Print name

Date

DPOA/Immediate Family Member

Signature

Print name

Relationship

Date

Witness 2

Signature

Print name

Date