

APPLICATION FORM

**MCCOY ADULT DAY CARE CENTER
730 - EIGHTH AVENUE WEST, SUITE 102
BIRMINGHAM, AL 35204
(205) 251-2178**

**FOR OFFICE
USE ONLY**

Date enrolled: _____

Score: _____ Fee: \$ _____

VA: Yes No

CLIENT NAME: _____ BIRTH DATE: _____ AGE: _____

SEX: M F HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____ RACE: _____

RESPONSIBLE PARTY: _____ RELATIONSHIP: _____ PHONE: _____

EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CLIENT LIVES WITH: _____ RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

IMPAIRMENT NECESSITATING DAY CARE (i.e. Alzheimer, confusion, stroke, diabetes): _____

ANY PHYSICAL LIMITATIONS (i.e. walker, eating problems, bath rooming): _____

CHURCH PREFERENCE: _____ MEMBER: _____

PERSONS TO BE REACHED IN CASE OF EMERGENCY USING ONE CALL: (One Call is an Automated phone system used to inform caregivers of alerts, closings and other prominent daycare information)

FIRST: _____ home # _____ work # _____ cell # _____

EMAIL: _____

SECOND: _____ home # _____ work # _____ cell # _____

EMAIL: _____

THIRD: _____ home # _____ work # _____ cell # _____

EMAIL: _____

MEDICAL INFORMATION FORM

ANY MEDICAL PROBLEMS? (i.e. heart condition, diabetes) _____

LIST ANY ALLERGIES: _____

LIST ANY MEDICATIONS TAKEN REGULARLY, REASON, DOSAGE, AND TIME OF DAY TAKEN:

Medication: _____

Medication: _____

Medication: _____

HOSPITAL PREFERENCE: _____

PHYSICIAN'S NAME: _____ PHONE: _____

SOURCE OF MEDICAL CARE PAYMENT: (having this helps in emergencies)

MEDICARE # _____ EFFECTIVE DATE: _____

MEDICAID # _____ EFFECTIVE DATE: _____

OTHER: _____ NUMBER: _____

Should client, _____, become ill or suffer an accident of any nature while he/she is in the care of the McCoy Adult Day Care, the Center shall undertake to contact me immediately. In the event the Center is unable to reach me immediately, the Center shall be authorized to secure and consent to such medical attention, treatment and service for the above named person as may be deemed necessary.

Any qualified person providing such required medical attention, treatment or services may accept such consent as if given by me in person. I agree to assume responsibilities for payment of all medical costs incurred.

Client and responsible party shall hold McCoy Adult Day Care harmless for any illness or accident suffered by client while in care of the McCoy Adult Day Care.

CLIENT'S RESPONSIBLE PARTY DATE

MCCOY ADULT DAY CARE CENTER
730 - Eighth Avenue, West Suite 102 - Birmingham, AL 35204
(205) 251-2178

CLIENT'S AGREEMENT

Please read the following agreement very carefully before signing. The conditions of this Agreement provide protection for our clients as well as the McCoy Adult Day Care. In order to assure that we can provide the services that the client is entitled to, it is essential that the financial status of the McCoy Adult Day Care be stable. The McCoy Adult Day Care salaries and overhead expenses cannot be reduced because of "Absentee Losses" in income. In essence, this Agreement is the responsible parties guarantee to the McCoy Adult Day Care that they will financially support the enrollment space guaranteed for the client. Full-time clients will be guaranteed enrollment space five (5) days per week. Part-time clients will guarantee enrollment space on those days requested, although they are free to and encouraged to attend other days as necessary.

AGREEMENT

1. Guarantee enrollment for _____ as a:

_____ Full -time client - five (5) days per week

_____ Part-time client - days requested for guaranteed enrollment are

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

X – Responsible Party's Signature: _____ Date: _____

2. DAILY FEE

A. The daily fee will be determined by the client's level of care needed as reflected by the score on the Client Assessment Tool. The Assessment will be reviewed with the responsible party by the Director upon enrollment and reassessed every 6 months.

3. PAYMENT PROCEDURE

A. The responsible party will sign the client up for guaranteed enrollment as a full-time (5 days) or part-time (certain number of days requested) client. This person is responsible for payment.

B. PAYMENT

1. **FULL-TIME CLIENT:** Pay on the first day of each week an advance tuition fee of the assessed daily fee times 5 days **with no deductions for absence or Holidays.** After a period of five (5) consecutive absences, the staff and responsible party will meet and make a decision concerning the status of the client.

2. **PART-TIME CLIENT:** Pay on the first day of each week an advance tuition fee of the assessed daily fee per day for the days of guaranteed enrollment **with no deductions for absence or Holidays.** The account will be billed for extra days of attendance. After a period of five (5) consecutive absences, the staff and responsible party will meet and make a decision concerning the status of the client.

3. **TRANSPORTATION:** Pay on the first day of each week an advance transportation fee determined by Transportation Coordinator.

C. **MONTHLY PAYMENT PROCEDURE:** Payment may be made on a monthly basis when prearranged with the Director and the Bookkeeper.

D. LATE FEE PROCEDURE: If payment is two (2) weeks overdue, the client will be unable to attend until the account is brought up to date.

4. In case of withdrawal of the client from the program, the responsible party agrees to give the McCoy Adult Day Care a two (2) weeks notice prior to withdrawal.

5. In the event of an emergency illness, the McCoy Adult Day Care has the permission to administer as it sees fit for the client's best interest. In the event of illness while the client is in attendance, medical expenses are the responsibility of the responsible party.

6. Should the Director of the McCoy Adult Day Care determine that enrollment in the Day Care's program is not in the client's best interest, or that he/she or responsible party have not fully carried out this Agreement or the responsibilities under the "Policies and Procedures Agreement," the client will be withdrawn after two (2) weeks notice.

7. Special arrangements between responsible party and McCoy Adult Day Care may be necessary. These must be written out, initialed and dated by the responsible party and Director.

Responsible party's initials _____ Director's initials _____

8. I have Power of Attorney (preferably Durable) and have provided a copy to be on file at the Center.

X

RESPONSIBLE PARTY'S SIGNATURE DATE

9. I have read and am in agreement with the "Policies & Procedures Agreement."

X

RESPONSIBLE PARTY'S SIGNATURE DATE

10. Consent to be photographed: The McCoy Adult Day Care Center has my permission to take pictures of this client. I understand these pictures will **ONLY** be used as a public relations tool to share about this ministry. (i.e. – social media, brochures, etc.) They will not be portrayed in a demeaning situation at any time and neither name nor personal information will be used in any form.

X

RESPONSIBLE PARTY'S SIGNATURE DATE

11. Consent for Health Screening: I give permission for this client to receive periodic health screenings such as blood pressure, blood sugar, etc.

X

RESPONSIBLE PARTY'S SIGNATURE DATE

12. Consent to receive communion: I give permission for this client to participate in the sacrament of Holy Communion while at the Center. (In the United Methodist Church, the communion table is open to all believers.)

X

RESPONSIBLE PARTY'S SIGNATURE DATE

First enrollment date: _____

Form reviewed and updated (date & initial): _____

MCCOY ADULT DAY CARE CENTER
730 - Eighth Avenue, West Suite, 102
Birmingham, AL 35204
(205) 251-2178

POLICIES AND PROCEDURES AGREEMENT
BETWEEN RESPONSIBLE PARTY (Forms updated 11/2017)

1. CLIENT POLICIES

A. No individual shall be excluded from participation in, or be denied the benefits of, or be otherwise subjected to discrimination in the McCoy Adult Day Care on the grounds of race, sex, color, national origin, religion or creed.

B. McCoy Adult Day Care will be available for adults with physical, emotional or mental impairment who require assistance and supervision or who need restorative or rehabilitative services in order to achieve their optimum level of functioning.

C. Persons who are not appropriate for McCoy Adult Day Care are those:

1. With communicable diseases
2. With a history of violence to self or others or whose behavior is not appropriate within the group setting
3. Who are actively abusing controlled substances - i.e. drugs, alcohol
4. Whose needs for care require more time and skill than the Day Care is able or qualified to provide.

D. McCoy Adult Day Care may limit the number of clients at any time whose care requires disproportionate amount of staff time.

E. BEHAVIOR: No client will be forced to engage in any program activity. The decision will rest with the client, but their decision must not interfere with the Day Care activities.

F. SMOKING: Smoking will not be allowed on or in the Day Care facility or premises. The use of any form of smokeless tobacco (i.e. Snuff) is prohibited.

G. ALCOHOL AND CONTROLLED SUBSTANCES: No consumption of alcoholic beverages or any controlled substances (illegal drugs) will be allowed on or in the Day Care facility or premises.

H. VALUABLES: If you allow your loved one to wear or bring valuable items (i.e. jewelry, money, medicine, clothing, dentures) to the Center we cannot be responsible if they get lost or misplaced.

2. ACCEPTANCE POLICIES

A. Interested persons must fill out an application packet and return it to the McCoy Adult Day Care. An interview by a staff person will be conducted and a Client Assessment Tool completed before a person may attend the Day Care.

B. The person signing the client agreement will be considered the responsible party for the client. No client will be allowed to attend until all forms are properly signed.

C. The responsible party needs to have Power of Attorney (preferable to be Durable Power of Attorney). A copy needs to be on file at the Day Care.

D. Clients will be accepted for a probationary two-week period before final acceptance is given. A reassessment will be made at the end of that time to determine if the client can benefit from the Day Care program. If the staff determines the program will not meet the needs of the client or their need for care requires more time and skill than the Day Care is able or qualified to provide then the responsible party will be notified.

E. When care level, space or staff limitations are reached a waiting list will be maintained. Enrollment priority from the waiting list is on a first come basis except when referred by a partner agency who receives priority.

3. MEDICATION

A. The responsible party is encouraged to adjust the client's medication schedule so all their medications are taken at home. In the case of a necessary prescription medication that must be taken during the day, Staff will **only remind clients to take medication**. Only required dosages should be brought each day in the original prescription container with the client's name, medication, dosage and doctor's name. Any medication brought in the building should be given immediately to the Director. No client will be permitted to keep medication of any kind on his or her person. We reserve the right to determine if the staff is able to handle specific medications. No medications requiring needles will be allowed under any circumstances.

4. ATTENDANCE POLICIES

A. The Center is open from 7:00 AM until 5:00 PM Monday through Friday. Clients may be dropped off at 7:00 AM and must be picked up no later than 5:00 PM or a late pick up fee will be charged.

B. Clients are encouraged to enroll in the program full-time (5 days) but may be registered for fewer days per week (part-time).

B. No unregistered client will be allowed to attend. It is important to have certain information and understandings before a client can be left in our care.

C. Persons with above normal temperatures will not be allowed to attend. Should a client's temperature rise above 98.6° during the normal Day Care hours the responsible party will be notified to pick up the client immediately.

D. Persons with a contagious disease/illness (such as flu, vomiting, diarrhea) will not be allowed to participate in the Day Care until the disease/illness is over. A Doctor's statement will be required when deemed necessary by the Director.

E. McCoy Adult Day Care will observe the following holidays: New Year's Day, Martin Luther King's Birthday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day. (If your contract day falls on a Holiday you are responsible to pay for that day. See 6 B 1 & 2)

F. **LATE PICK UP POLICY:** If a client is not picked up by 5:00 p.m.

1. The first time an oral warning will be issued.
2. The second time the responsible party will receive a written notice.
3. The third time and each time there after the responsible party will be charged \$1.00 for each minute late.
4. Excessive late pick-ups will result in termination from the program.

5. DAILY FEE

A. The daily fee will be determined by the client's level of care needed as reflected by the score on the Client Assessment Tool. The Assessment will be reviewed with the responsible party by the Director upon enrollment and reassessed every 6 months.

6. PAYMENT PROCEDURE

A. The responsible party will sign the client up for guaranteed enrollment as a full-time (5 days) or part-time (certain number of days requested) client. This person is responsible for payment.

B. PAYMENT

1. **FULL-TIME CLIENT:** Pay on the first day of each week an advance tuition fee of the assessed daily fee times 5 days **with no deductions for absence or Holidays**. After a period of five (5) consecutive absences, the staff and responsible party will meet and make a decision concerning the status of the client.

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3. **TRANSPORTATION:** Pay on the first day of each week an advance transportation fee determined by Transportation Coordinator.

C. MONTHLY PAYMENT PROCEDURE: Payment may be made on a monthly basis when prearranged with the Director and the Bookkeeper.

D. LATE FEE PROCEDURE: If payment is two (2) weeks overdue, the client will be unable to attend until the account is brought up to date.

7. PROGRAM POLICIES

- A. A weekly calendar of activities shall be posted.
- B. Clients shall have the opportunity to evaluate activities and plan future activities on a monthly basis.
- C. All program activities shall be supervised by program staff.
- D. The McCoy Adult Day Care shall provide for a balance of activities to meet the clients interrelated needs and interests.
- E. Clients will receive two nutritious snacks and the noonday meal.
- F. Health screening will be provided on a periodic basis.
- G. Time shall be allowed for rest and relaxation.

8. TRANSPORTATION

A. Transportation may be provided to persons within a limited service area. This must be prearranged with the Director and the transportation coordinator. In order to ride the van the client must be able to get themselves in and out the van with minimal assistance. If they do not cooperate with the driver or create a distraction they will not be allowed to ride (i.e. try to open door, grab at driver or passenger, etc.)

9. EMERGENCY PROCEDURES

A. MEDICAL EMERGENCY

- 1. A Medical Information Form shall be filed on each client. The Responsible Party must notify the Director of any change in the information or medications.
- 2. In the event of an emergency, one staff person will remain with the client until medical personnel arrive, one staff person will proceed to the nearest telephone and call the emergency personnel, a third staff person will go directly to the files and pull the clients Medical Information Form and contact the responsible party or other designated persons and return to the client with forms for information needed by medical personnel.

B. FIRE EMERGENCY

- 1. Emergency evacuation routes shall be posted.
- 2. There will be a minimum of quarterly fire drills.

C. WEATHER EMERGENCY

1. If the Tornado sirens are activated, the staff will immediately follow tornado procedure and move clients to their place of safety.
2. **Inclement Weather Policy:** If the weather is too severe, for the safety of the employees, clients and caregivers we will close for the day. If in question, call the Center (251-2178) and let the phone ring long enough to get the answering machine message. The message will be updated as to our current situation. We will use the Birmingham City School closings as a **guide**. When possible, we will try to have a delayed opening. If it is necessary for you have a decision very early, ask for the Executive Director's cell number. If it is necessary to close, we will not charge for that contract day. If a delayed opening or early closing is necessary you will be charged for your contract day whether you attend or not.

D. ONE CALL NOW

1. In the event of an emergency closing, McCoy Adult Day Care will use an automated message system to reach caregivers and emergency contacts. Please list the names and numbers of those you would like to be contacted in the event of an emergency on the front page of the application.

10. RECORD POLICIES

A. All records for the clients shall be considered confidential and will be kept in a secure storage area. Employees are not to disclose nonpublic or sensitive information about a client unless authorized by the Executive Director or responsible party.

B. Information will only be released when the permission of the responsible party is given, when it is authorized by law or by the Director's discretion.

C. Durable Power of Attorney: A copy of the Durable Power of Attorney giving the responsible party power to speak for this client.

D. Client records shall include but not be limited to:

1. Application Form
2. Medical Information Form with signed authorization to receive emergency care.
3. Signed Client Agreement
4. Client Assessment Tool
5. Progress notes by staff

11. DISCHARGE POLICIES

A. The responsible party shall receive a minimum of two weeks notice if a client is to be terminated from the program. Notification will be given in writing.

B. Exception: Immediate termination is allowed if the client has a sudden change in their condition which makes participation a danger to self or others.

C. Excessive late pick-ups will result in termination from the program.

12. SPECIAL ARRANGEMENTS BETWEEN RESPONSIBLE PARTY AND MCCOY ADULT DAY CARE MAY BE NECESSARY. These must be written out on the CLIENT'S AGREEMENT FORM, initialed and dated by the RESPONSIBLE PARTY and the DIRECTOR.

Updated 11/2017

**McCOY ADULT DAY CARE CENTER
CLIENT ASSESSMENT TOOL**

Client's Name _____ **Date of This Assessment** _____

PART 1: FUNCTIONAL ASSESSMENT ASSESSMENT¹

- | | | | | | | |
|----|--|-------------------------|---|---|--|--------------------------------------|
| 1. | How well is the client able to eat? | 0 | 1 | 2 | 3 | 4 |
| | | Complete Independence | Can do with Supervision | Minimal Assistance | Moderate Assistance | Total Assistance |
| 2. | How well can the client move around? | 0 | 1 | 2 | 3 | 4 |
| | | Can do with Supervision | Uses Walker, Cane Or Wheelchair | Requires some Assistance And moves slowly | Requires moderate Assistance and staff time | Total Assistance and Much staff time |
| 3. | How well can the client sit/stand from a chair, wheelchair or handicap-accessible toilet? | 0 | 1 | 2 | 3 | 4 |
| | | Complete Independence | Can do with Supervision | Minimal Assistance | Moderate Assistance | Total Assistance |
| 4. | How well does the client control his/her bladder? | 0 | 1 | 2 | 3 | 4 |
| | | Always | Rare Accidents | Occasional Accidents | Frequent Accidents | Incontinent |
| 5. | How well does the client control his/her bowels? | 0 | 1 | 2 | 3 | 4 |
| | | Always | Rare Accidents | Occasional Accidents | Frequent Accidents | Incontinent |
| 6. | How well can the client clean themselves and pull up their own pants after using the bathroom? | 0 | 1 | 2 | 3 | 4 |
| | | Can do with Supervision | Requires some Assistance And moves slowly | Requires moderate Assistance and staff time | Requires Excessive Assistance and staff time | Requires Total Assistance |
| 7. | How well does the client understand communication from others? | 0 | 1 | 2 | 3 | 4 |
| | | Always Understands | | Sometimes Understands | | Cannot Understand |
| 8. | How well does the client express him/herself? | 0 | 1 | 2 | 3 | 4 |
| | | Always Clear | Occasionally Unclear Or Confused | Sometimes Unclear Or Confused | Moderately Unclear Or Confused | Cannot Express Themselves |

Total for Assessment Part 1 = _____ points.

PART 2: VISION/HEARING ASSESSMENT

- | | | | | | | |
|----|-----------------------------------|-------------------------------|---|-----------|---|--------------|
| 1. | How good is the client's vision? | 0 | 1 | 2 | 3 | 4 |
| | | Good with/without correction | | About 50% | | 100% deficit |
| 2. | How good is the client's hearing? | 0 | 1 | 2 | 3 | 4 |
| | | Good with/without hearing aid | | About 50% | | 100% deficit |

Total for Assessment Part 2 = _____ points.

¹ Please circle the appropriate rating for each question.

**McCOY ADULT DAY CARE CENTER
CLIENT ASSESSMENT TOOL**

PART 3: BEHAVIORAL ASSESSMENT

1. The client is disruptive despite staff interventions or excess demand for attention:

0	1	2	3	4
Never	At least once a Month	At least once a Week	At least once a Day	Multiple Times a Day

2. The client shows inappropriate behaviors despite staff interventions:

0	1	2	3	4
Never	At least once a Month	At least once a Week	At least once a Day	Multiple Times a Day

3. The client shows aggressive, angry or threatening behaviors despite staff interventions:

0	1	2	3	4
Never	At least once a Month	At least once a Week	At least once a Day	Multiple Times a Day

4. The client wanders off despite staff interventions:

0	1	2	3	4
Never	At least once a Month	At least once a Week	At least once a Day	Multiple Times a Day

5. The client complies with directions given by staff:

0	1	2	3	4
Always Compliant	Almost Always Compliant	Complies for a moment then forgets	Sometimes Noncompliant	Frequently Noncompliant

Total for Assessment Part 3 _____ **x 3 =** _____ **points.**

Date Last Assessed² _____ Staff Person Completing PREVIOUS Assessment _____

Total Points from PREVIOUS Assessment _____

Previous Fee Assessed: \$ _____

Total Points from All 3 sections:

Part 1 _____

Part 2 _____

Part 3 _____

Grand Total _____

Fee Assessed: \$ _____

Staff Person Completing this Assessment _____

Fee Scale	
1 – 5	\$35
6 – 10	\$40
11 – 15	\$45
16 – 20	\$50
21 – 25	\$55
26 – 30	\$60
31 – 35	\$65
36 & over	\$70 and up

Comments: _____

Signatures: _____

Day Care Director

Responsible Party

Date

² If applicable