ADMISSION AGREEMENT ~ ADULT DAY PROGRAM

CONSUMER NAME: ___________________________________________ START DATE: ________________________________

PROGRAM NAME (See List Below): _______________________________________________________________________

ADULT DAY PROGRAMS licensed by the California State Department of Social Services:

<table>
<thead>
<tr>
<th>Futures Explored, Inc.</th>
<th>ALIVE East</th>
<th>ALIVE Central</th>
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<tbody>
<tr>
<td>3547 Wilkinson Lane, Lafayette, CA 94549</td>
<td>808 W. Third Street, Antioch, CA 94509</td>
<td>4071 Port Chicago Hwy, Ste 140, Concord, CA 94520</td>
</tr>
<tr>
<td>(925) 284-3240</td>
<td>(925) 779-1039</td>
<td>(925) 825-0263</td>
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<tr>
<td>GARDEN Antioch</td>
<td>GARDEN Tri-Valley</td>
<td>GARDEN Brentwood</td>
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<tr>
<td>625 W. Fourth Street, Antioch, CA 94509</td>
<td>690 North L Street, Livermore, CA 94551</td>
<td>1191 Central Blvd., Suite B, Brentwood, CA 94513</td>
</tr>
<tr>
<td>(925) 756-0817</td>
<td>(925) 454-3349</td>
<td>(925) 626-3642</td>
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BASIC SERVICES: All of Futures Explored adult day programs (listed above) provide a program of planned activities similar to those of non-disabled adults that is designed to develop and maintain the individual's functional skills, and includes arrangements for utilization of available community resources. Individuals receive instruction in self-advocacy, community integration, self-care, and employment training both at the center and in natural environments. Individuals also receive care and supervision in the following areas:

* Individual schedules and activities.
* Rights of individuals with developmental disabilities.
* Notification to family and other appropriate persons/agency of the participant’s needs.
* Availability of telephone as needed or requested.
* Maintenance of day program rules for protection of individuals.

Individuals select goals from a variety of options depending on their interests and abilities:

* Academic Skills
* Art Groups
* Attending an Institution of Higher Learning
* Budgeting/Money Management
* Communication Assistance
* Community Outings
* Computer Training/Use
* Cooking Club/Meal Preparation
* Current Events Groups
* Gardening
* Geography Groups
* Mobility/Travel Training
* Movement to Music
* Pet Therapy
* Recreational Activities/Community Events
* Relaxation/Massage
* Sensory Experiences
* Accessing Sexuality Training
* Speech Therapy (when available)
* Independent Living Skills (shopping, housing)
* Vocational Training
* Volunteer Jobs

Futures Explored: Individuals at Futures will receive supervision and assistance with self-advocacy, community integration, self-care, and employment training, with the result that each consumer will gain greater access to the community and achieve more independence in his/her life.

GARDEN: Individuals at GARDEN will receive supervision and assistance with community integration, self-care, and personal care (as required for feeding, toileting, and transferring), as well as with medication administration as prescribed by their doctor, G Tube feedings, blood glucose testing, colostomy care, and use of oxygen.

ALIVE: Individuals at ALIVE will receive supervision and assistance with self-advocacy, community integration, self-care, employment training, and personal care (as required for feeding, toileting, and transferring).
OPTIONAL SERVICES: Other vendorized services include Social Recreation, Afternoon Club, Community College Transition Program, Supported Employment, and Lifespan Planning & Family Support.

ENTRANCE REQUIREMENTS: All individuals must:

* Be age eighteen (18) years or older.
* Have a developmental disability.
* No longer be in a high school program.
* Be a client of or eligible for services from the Regional Center.
* Maintain socially acceptable hygiene.
* Not abuse alcoholic beverages or illegal drugs during program hours.

All Individuals must have, prior to admission, or within 30 days of admission, a current written medical assessment performed by a licensed physician which is no more than one year old. The assessment must include the following information:

* A record of any infectious or contagious diseases which would preclude care of the person by program staff.
* A test for tuberculosis.
* Identification of the consumer’s special problems and needs.
* Identification of any prescribed medications being taken by the consumer.
* Physician orders are required for any treatments (medication, formula, etc.) administered by program staff.
* Statement from the doctor stating the consumer may administer his/her own medication and knows when to take it;
* Mobility status.

All Individuals must have a new medical assessment each year from the date of admission. The consumer will be notified as to the date of expiration by the program staff. The cost of the medical assessment is to be borne by the consumer.

Individuals should not display behavior that may be harmful to themselves or others and should not have medical condition which precludes regular participation in the program.

Regular attendance based on agreement between the consumer, his/her case manager and the Program Coordinator is required:

* Futures Explored will notify the Regional Center on or before the consumer’s fifth (5) consecutive day of unplanned or non-medical absence.
* Program staff will re-evaluate on the fifth (5) consecutive day of unplanned or non-medical absence the consumer’s status in the program.

ASSESSMENTS: A reassessment shall be completed for each consumer once a year to assure the accuracy of the assessment and appropriateness of the individual plan of care and to document significant occurrences which result in changes in the consumer’s physical or mental functioning.
TRANSPORTATION/COMMUNITY ACCESS: Transportation to and from day program is delivered by Regional Center, public bus, and paratransit. Transportation to and from activities during program hours occurs in the community by the modes used by the general public, including bus, BART, and walking. Paratransit is also used. However, GARDEN and ALIVE also have access to wheelchair accessible vans to provide community access for individuals requiring a more stable and predictable mode of transportation.

FAMILY VISITS/PARTICIPATION POLICY: As appropriate, family and members of the community are encouraged to participate in social activities, such as attending drama productions, specific projects, trips, etc. An open-door policy exists for facility site visits. Please advise the staff in advance of expected facility visits as the Individuals may be out in the community with activities.

DISCHARGE POLICY: A minimum of thirty (30) days written notice shall be given to a consumer and his/her family and care providers if it is determined that the program can no longer meet the needs of the consumer, and/or the consumer refuses to cooperate with the program’s implementation of his/her Needs and Services Plan, and he/she must be discharged from the program.

The immediate discharge of an individual shall be allowed only when the following occurs:

* Participant’s hygiene is socially unacceptable.
* Abuse of alcoholic beverages or illegal drugs during program hours.
* The condition or behavior of the consumer may lead to harm to self or others.

This written discharge decision will be sent by certified mail to the consumer within 24 hours of dismissal.

The licensing agency shall be notified by telephone within the agency’s next working day during the normal business hours and in writing within seven (7) days when a consumer is discharged without a thirty (30) day notice.

EXIT CRITERIA: That the day program may no longer meet the consumer’s needs is indicated when the consumer:

* And his/her ID Team have determined through an individual evaluation that the vendor’s program no longer meets the individual’s needs;
* Can no longer attend the program due to an unanticipated change in residence;
* Cannot be maintained in the current staff-to-consumer ratio; Requires a level of 1:1 staff/consumer ratio such that it denies other Individuals their right to program services.
* Does not display behaviors that are compatible with accepted standards of behavior in the community;
* Exhibits behaviors that are disruptive of program activities or are otherwise specified in the Consumer Handbook as deserving of discharge from the program if not corrected; namely (a) consistently poor hygiene, (b) abuse of alcoholic beverages or illegal drugs during program hours, and (c) threatening injury to persons or property;
* Exhibits excessive, unexcused absenteeism;
* Has a prohibitive medical condition that no longer allows individual to attend the program or renders the program ineffective for the individual;
* Has shown that continued participation would jeopardize the individual’s health and safety;
* Is a threat to health and safety of others;
* Moves into Supported Employment or one of our other programs;
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* Refuses to cooperate with the program's implementation of his/her Needs and Services Plan.

* Requests to leave the program for any reason;

* Shows that program cannot serve the consumer in fulfilling Individual Program Plan goals;

* Has a change in his/her Restricted Health Condition Care Plan, and program staff do not receive updated training. (A change in the individual's plan may require the individual to be temporarily suspended from program until program staff receive the updated training and may safely provide service).

PAYMENT FOR SERVICES: Payment for services is made on a monthly arrears basis. The consumer is approved by the Regional Center which approves the daily rate to be charged to the consumer. A “Purchase of Service” must be on file before the consumer may start attending the day program. RCEB will pay transportation from home to program site before the consumer may start attending the day program. RCEB will pay transportation from home to program site and from program to home again on a case by case basis.

REFUND POLICY: Is not applicable.

CASH/VALUABLES: Futures Explored will not be responsible for any cash resources, valuables or personal property brought into the facility. Bringing personal items to the program is discouraged and is done at the consumer’s risk. Futures Explored is NOT responsible for loss or theft.

RIGHTS OF THE LICENSING AGENCY: The licensing agency shall have the authority to interview individuals or staff members without prior consent. Futures Explored shall ensure that provisions are made for private interviews with any clients or any staff members. The licensing agency shall have the authority to inspect, audit, and copy client or facility records upon demand during normal business hours. Records may be removed if necessary for copying. Futures Explored shall ensure that provisions are made for the examination of all records relating to the operation of the facility. 82044(b)&(c)

CONSUMER HANDBOOK: The Consumer Handbook describes the program and its policies, including Personal Rights. By signing below, and the separate Handbook Agreement, the individual acknowledges that he/she has read or has had the Handbook read to them and agrees to comply with the program’s policies.

PERSONAL RIGHTS, TITLE 22 § 82072: Per Title 22, Community Care Licensing Regulations, each person receiving services has basic personal rights, which are listed in the Consumer Handbook and on the Rights of Individuals with Developmental Disabilities (DSP 304) form. These rights are reviewed verbally, pictorially, and in writing with each consumer prior to being admitted for services and on an annual basis at the time of ISP/IHSP meetings. At any time, a consumer may review their rights and be provided with any necessary clarifications.

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Longer version of text:
Any questions regarding this admission agreement or the handbook and its contents should be addressed to the Program Director or the Executive Director of Futures Explored, Inc.

**AGREEMENT:** I, ________________________________ will:

(Consumer Name)

1. Cooperate with the general policies of the program that make it possible for the staff and consumer to work together.

2. Not bring medications into the facility without the knowledge of the Program Coordinator.

3. Not be destructive of the property of the facility or other Individuals.

4. Provide a minimum of two (2) weeks notice when leaving program unless the consumer’s physical/mental condition prevents it.

The signature of the Consumer and/or Authorized Representative below indicated that he/she has read or has had read to them this agreement and that this agreement has been explained in full to him/her; and that the signature below is signed voluntarily.

Parties to this agreement:

________________________________________  __________________________
Consumer  

________________________________________  __________________________
Authorized Representative  

________________________________________  __________________________
Licensee / Administrator  

Updated 06/09; 06/15  Date of Termination