

PROGRAM INFORMATION SHEET

Individual _____

Name of Program: _____ Telephone: () _____

Program Supervisor: _____

Case Manager: _____ Telephone: () _____

Guardian: _____ Telephone: () _____

Adult Day Services Philosophy and General Information

Adult Day Services are intended to be person centered. They are, therefore, responsive to the needs of the individual served. A variety of activities are offered, based on the person's preferences and needs. These services will be specified in the individual's initial and annual Service Plan.

Each person who participates in this program will be treated as an adult, with respect and dignity.

Participants should wear comfortable clothes to the program. Dress varies according to the type and nature of program activities, but should always be suitable for the weather. All individuals are expected to be clean and well-groomed every day.

Lunch must be brought in by the individual on a daily basis. The caregiver will be notified of any exceptions to this as they occur.

Transportation

Curb to curb transportation is provided to and from the day service and the home. The program supervisor will advise you of the approximate time of the morning pick up and afternoon return. Please be advised that only approximate times can be given due to traffic conditions or route modifications.

The individual is responsible for getting to and on the vehicle. In those cases where it is necessary, a home representative must be present to assist the individual in boarding or departing the vehicle. Under no circumstance is the driver or aide required to escort the person from the vehicle to the door of the home or vice versa. Please note that it is the Interdisciplinary Team's (IDT) responsibility to determine the need for assistance.

The vehicle driver is required to wait three minutes. If there is no response from the home in the morning, the vehicle will continue on its route and not return that day. The

home representative has the option of transporting the individual to the program site should the individual miss the vehicle.

Vacation/Illness/Necessary Absence

In the case of vacation, illness, or other necessary absence, the individual's place at the day service will be held for them. The family should notify the program one day in advance before such absences and one day prior to the individual's return to the program.

Procedures for notification of a one day absence vary from program to program.

If the individual is absent because of illness for more than five days, a written doctor's clearance stating that the individual is able to return to work is required. The doctor's note shall accompany the individual upon his/her return.

If there are significant indications that the individual is ill when the vehicle arrives at the home in the morning, the driver or aide may make the determination not to accept that individual that day. If an individual becomes ill at the program, the home will be contacted and will be expected to pick up the individual. In the event that the home cannot provide transportation either by the primary or secondary contact, the individual will be taken home by day service staff.

Medical/Medication

An annual adult medical is required of all program participants. The medical form will be sent to the home approximately 8 weeks prior to the date that it is due, and must be **completed by the physician**. Since prescriptions must be updated annually, it is recommended that they be reviewed when the medical is done.

If the program participant is taking medication that would need to be administered during the hours that he/she is at the program, the following must be complied with:

1. a copy of the original prescription must be given to the program supervisor for the records. The medication container must be labeled in a manner that agrees with the prescription and complies with #2 below
2. All prescriptions must have a date, individual's full name, prescribing physician's name, prescription number, name, dosage and frequency of medication, date of issue, and phone number of pharmacy and number of refills. The medication will be assumed to be given by mouth unless otherwise specified on the prescription.
3. The prescription and medication must accompany the individual upon admission. The original label from the pharmacy shall be permanently affixed to the medication container. They will be kept at the program and administered by staff members trained in medication administration.

4. Any PRN (as needed) prescription medication must have a written physician's authorization.
5. An Over the Counter (OTC) form must be signed by the physician to authorize any PRN/OTC medication.

The program supervisor should request prescription refills from the home a week in advance of need and the refills shall be returned promptly to the day service.

Program Calendar

Adult Day Services are 12 month programs, operating 5 days per week. Hours of operation for this program are _____.

You will receive a calendar of scheduled closings which will include holidays and staff training days.

The home will be given as much notice as possible in the event of unexpected or emergency closings. In addition, you will be provided a copy of our inclement weather policy.

Should there be any questions regarding any of the information presented, please do not hesitate to call upon the program supervisor or case manager.

Re:
(Name of person served)

I certify that I have received a copy of the Program Information Sheet for the _____ Adult Day Service on this date, and that the information on the sheet has been explained to me.

Individual's signature _____

Home Representative Signature _____

Date _____