

# Adult Daycare Admission Agreement



## Adult Daycare Admission Agreement

**Resident's Name:** \_\_\_\_\_  
(First and Last Name)

The Cottages will provide the following services:

Daily activities, recreational activities, maintenance of self-help skills, and assistance with activities of daily living services.

The Cottages will provide all meals if the resident is here during our normal mealtimes. Snacks will be provided in between meals. Residents requiring special diets will be accommodated.

If it is daycare only, the resident may recline in the main family room. They are also welcome to sit in the activity room or the dining room.

The Cottages will assist residents with their medications if the family brings the medications appropriately marked with doctor's orders. A release of information must be signed to allow access to medical records for emergency care.

### **Building:**

- ☐ Alpine Meadows
- ☐ Boise #1      ☐ Boise #2
- ☐ Columbia Village #1
- ☐ Columbia Village #2
- ☐ Columbia Village #3
- ☐ Emmett #1      ☐ Emmett #2
- ☐ Lochsa #1      ☐ Lochsa #2
- ☐ Meridian #1      ☐ Meridian #2
- ☐ Middleton
- ☐ Mountain Home
- ☐ Payette
- ☐ Weiser #1      ☐ Weiser #2

There will be a charge of \$ \_\_\_\_\_ per hour, payable at time of service unless other arrangements are made.

**Resident/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Administrator/Manager Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Special Needs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Alternate Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### For Accounting

Date of Service: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Comments: \_\_\_\_\_