

PARTICIPANT ENROLLMENT FORM

Participant name: _____ Date of Birth: _____

Level of Care Assessment Chart 2020

	Basic Level Care Minimal or no assist	Enhanced Level Care Moderate Assist 2 or more in this column	Advanced Level Care Major Assist 2 or more in this column
Mobilizing & Ambulating	Needs no help or requires only verbal reminders. Uses assistive devices independently.	Needs prompting to safely transfer, mobilize and ambulate. Does not use assistive devices independently. History of falls within past 90 days.	Requires physical assist for safe transfers, mobilization ambulation. History of falls within past 90 days
Eating & Drinking	Needs no help or requires only verbal reminders.	Needs assist with food cutting & placement.	Needs spoon feeding or frequent prompting by staff. Unable to feed oneself.
Toileting	Needs no help or requires only verbal reminders.	Escort or Prompting required	Needs help dressing, undressing, transfers, and cleaning. Has Incontinence.
Cognition & Behavior	Requiring redirection or intervention 1-2 times per day	Requiring redirection or intervention 3-5 times per day	Requiring redirection or intervention 6-8 times per day
Skilled Nursing/ Medication	Requires no medication or only scheduled oral medication on site	Requires PRN (as needed oral medication) while on site. Requires weekly or more frequent vital signs monitoring.	Requires sliding scale, carb counting injectable medication while on site. Requires medical appliance care such as tube feeding, catheter or ostomy care.

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2020 Enrollment, Attendance and Payment Policy - Monthly Plans

Monthly Plans are Pre-scheduled & Prepaid (includes 10% discount)

- **Payments by check or credit card on file are due by the first day of the month.**
- **A late fee of \$1 per minute will apply to any departures after 6:00 PM.**
- Please check the days of the week the participant will attend.
Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Fee Schedule	Basic Level Care	Enhanced Level Care	Advanced Level Care
5-days per week	\$ 1606	\$ 1814	\$ 2041
4-days per week	\$ 1346	\$ 1521	\$ 1711
3-days per week	\$ 1010	\$ 1140	\$ 1283
2-days per week	\$ 673	\$ 760	\$ 855
1-day per week	\$ 337	\$ 380	\$ 428

Reschedule, Cancellation, Withdrawal Policy:

_____(initial) Absences due to illness or injuries requiring a doctor's office visit or hospitalizations are considered involuntary. Please notify the center as soon as possible by calling main desk at (919) 238-4738 or the con-call number at (919) 412-5939. Rescheduling within the same month will be offered for these absences. Please note that space may not always be available on your desired dates.

_____(initial) All other absences including vacations and doctors appointments will be considered voluntary. No refunds, credits nor rescheduling will be given for voluntary absences.

_____(initial) A 24-hour notice is required to reschedule attendance dates within the same month. Please note that space may not always be available on your desired dates. No refunds or credits will be given for voluntary rescheduling. Any refunds or credits for **involuntary** schedule change will be determined on a case-by-case basis.

_____(initial) A 30-day written notice is required to withdraw from the program. Normal fees will apply during this time. Any credits or refunds for **involuntary** withdrawal from the program will be determined on a case-by-case basis.

Signature Responsible Party

DATE:

Credit Card on File

Name as it appears on Card: _____ ZIP code: _____

Credit Card #: _____ exp. date: _____ CVV code: _____

Signature: _____ Date: _____

Participant name: _____ Date of Birth: _____

2020 Enrollment, Attendance and Payment Policy - Add-on Full Days

Add-On Full Days as needed: Payments for add-on days are due at the time of scheduling.

- \$85 per day –Basic Level of care
- \$96 per day –Enhanced Level of care
- \$108 per day –Advanced Level of care
- Weekdays Hours (6:30 am - 6:00 pm)
- Payments for add-on days are due at the time of scheduling.
- No refunds, rescheduling or credits are available for missed add-on days except in the case of illness or injuries requiring a doctor's office visit or hospitalizations
- A late fee of \$1 per minute will apply to any departures after 6:00 PM.

Signature Responsible Party

DATE:

Credit Card on File

Name as it appears on Card: _____ ZIP code: _____

Credit Card #: _____ exp. date: _____ CVV code: _____

Signature: _____ Date: _____

Participant name: _____ Date of Birth: _____

2020 Enrollment, Attendance and Payment Policy - Add-On Half Days

Add-On Half Days as needed: Payments for add-on half days are due at the time of scheduling.

- **Hours (11:00 am - 4:30pm)**
- **\$55 per day**
- Payments for add-on half days are due at the time of scheduling
- No refunds, rescheduling or credits are available for missed add-on days except in the case of illness or injuries requiring a doctor's office visit or hospitalizations
- A late fee of \$1 per minute will apply to any departures after 4:30 PM.

Signature Responsible Party

DATE:

Credit Card on File

Name as it appears on Card: _____ ZIP code: _____

Credit Card #: _____ exp. date: _____ CVV code: _____

Signature: _____ Date: _____