Adult Day Services Respite Agreement is between Union Hospital of Cecil County, Inc D/BA Adult Day Services at Union Hospital, or Adult Day Services (hereafter referred to as “the Center”) and ___________________________ and (hereafter referred to as “the client”).

Services: Respite care is provided on a space available, drop in basis. It is episodic or short term in nature. Episodic means up to 3 days a week on a periodic basis. Short-term care means no more than 3 months of continuous service.

Respite clients receive the following services: meal, group activities, reminders and supervision for personal care, reminders for medication. The objective of this service is to provide the client, a safe, stimulating, and supervised environment. Nursing oversight and nursing care is not a component of the respite program. Clients in need of hands-on care, consistent, ongoing care, or medical oversight must enroll in the medical adult day program. Transportation services are also not available to respite clients.

Emergency Procedures: Families are asked to complete a Respite Program Enrollment Form. In the event of a medical emergency, the Center will activate the emergency response system (911). The center will do so regardless of whether or not an advance directive is in place. Clients hereby give permission to be transported, at the client’s expense, to the hospital chosen by the rescue squad in the event of an emergency. The Center is not responsible for care provided once the client leaves the facility. The Center cannot send staff to accompany the client. Families are notified and asked to report to the hospital in cases of emergency.

Routine first aid will be given at the Center for minor injuries. The family will then be notified and asked to take the client to his/her physician for follow-up. The responsible party is expected to be available, at least by phone, for emergencies.

Hours: Respite services are available between the hours of 10 am and 4:30 PM on a space available basis. Clients must call the Center a day in advance to request a respite spot and check availability.

Fees: The daily respite rate is $79 dollars per day. Payment is expected on the day of service. Failure to pay may result in termination from the respite service.

Obligations: The client and his/her responsible party agree to abide by Center Protocols. Client must have a current PPD or chest x-ray to rule out communicable disease prior to begin of services. The PPD can be done by the health department or physician office.

_________________________________   ______________________________________
Client signature       Responsible Party Signature

Date:___________________________   Date:___________________________