TMH Adult Day Care Services

Client Attendance & Payment Agreement

Client Attendance

___ Full-Time (greater than 4 hrs./day): # of days ____ (Mon-Tues-Wed-Thurs-Fri) between 7:30am and 5:30pm

___ Part-Time (less than 4 hrs./day): # of days ____ (Mon-Tues-Wed-Thurs-Fri) between 7:30am and 5:30pm

___ I understand there will be an additional $1.00 fee for each minute late after 5:30pm that a client remains at the center. This is not covered by any alternate funding sources and must be paid by the family.

Alternate Funding Sources

___ Participant receives funding through Medicaid Waiver Program, Veteran’s Administration, CCE, ADI and does not need to select a payment plan.

Payment Plans

Part-time and Full-time participants are eligible for these plans:

_____ I elect to pay the daily fee of $30 P/T or $55 F/T on the day of attendance.

_____ I elect to pay my weekly fee of $ ______ at the beginning of each week.

_____ I elect to pay the entire monthly fee the 1st of each month. For both full-time and part-time participants, the total amount due is the number of days attended, multiplied by the appropriate rate.

This agreement can be changed at any time by signing a new agreement, the new agreement will go into effect on the first day of the following month. Nonpayment of fees may result in discharge from Adult Day Services

__________________________________________________________________________

Client’s Name                              Client’s/ Caregiver’s Signature       Date

__________________________________________________________________________

TMH ADC Program Coordinator               Effective Date of Agreement