



## **APPLICATION FOR ADMISSION AUTHORIZATION FOR SERVICES PARTICIPANTS RIGHTS AND RESPONSIBILITIES**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. I request the services of Margaret's Place personnel and authorize them to provide daily supervision and to administer such medications and treatments as prescribed by my attending physician.
2. I designate Dr. \_\_\_\_\_ as my attending physician and voluntarily consent to medical care and treatment deemed necessary in his/her judgment. The physician shall bill me directly, or appropriate third-party payer.
3. In the event of an emergency, personal of Margaret's Place are authorized to take such measures for me/my loved one's welfare as may be professionally appropriate, including transfer to an emergency center.
4. I understand that some activities selected may be off-premises and I give permission to attend these planned recreational events and will not hold Margaret's Place liable for anything while off premises.
5. I hereby agree NOT to hold Margaret's Place responsible for injury, accident nor illness that may occur at the center, if it is unrelated to any negligence on the part of the center. I understand that there are certain risk in being a part of any activity or group, and I accept those risk.
6. I agree to cooperate with the policies and procedures governing Margaret's Place.
7. I assume full responsibility for all of my valuables and will not hold Margaret's place responsible for my property. I will also respect the rights and personal property of others.
8. The schedule of charges have been explained to me, and I agree to pay for scheduled charges in advance; by the 10<sup>th</sup> of each month. I agree that nonpayment shall serve as discharge from the program. If I am determined to be "no longer eligible" for a funding program that is paying for service, I agree to notify Margaret's Place director promptly and to assume responsibilities for future charges for services.
9. I understand that an absence of two or more weeks may mean that my slot is forfeited, but I will be place at the top of the waiting list of applicants when I am able to return.
10. I agree to notify Margaret's Place at least 24 hour in advance for any day that I do not plan to attend. I agree to be ready when my transportation arrives at my home.
11. I do \_\_\_ don't \_\_\_ give permission to photograph me for the purpose of publicity. I understand all participants will be photographed for the purpose of identification.

## STATEMENT OF RIGHTS AND RESPONSIBILITIES OF PARTICIPANTS

- The right to be treated as an adult, with respect and dignity regardless of race, color, sex or creed.
- The right to participate in a program of services and activities that promote positive attitudes regardless of one's usefulness and capabilities.
- The right to participate in a program designed to encourage learning, growth, and awareness of constructive ways to develop one's interests and talents.
- The right to be encouraged and supported in maintaining one's independence and to be involved in a program of services designed to promote personal independence.
- The right to self-determination with-in the day center setting, including the opportunity:
  - To participate in developing one's personal plan for service
  - To decide whether or not to participate in any given activity
  - To be involved to the extent possible in the activity planning
- The right to be cared about, to be in an atmosphere of sincere interest and concern in which support and services are provided.
- The right to privacy and to confidentiality.

I acknowledge that I have read and understand the above information and that I have read and received a copy of the client's rights and that they have been explained to me, and at this time I understand and agree to all points contained in this document and the participants rights document.

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Signature of Participant

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Date

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Signature of Responsible Party

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Date

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Signature/Title of Program Representative

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Date