



Never Alone Care Home
Your Home Away From Home

ADULT DAY PROGRAM APPLICATION PACKET

Keva Bledsoe, RN
Owner/Operator
4409 FOREST VALLEY COVE | MEMPHIS, TN 38141

Never Alone Care Home Adult Day Program (NACH)

OUR VISION

We provide compassionate care to adults on a social, physical, emotional, and spiritual level that enhances their well-being.

OUR MISSION

We offer support to families of elderly loved ones that may be diagnosed with Alzheimer's disease or other mentally debilitating diseases/disorders. Through this support NACH hopes to be a conduit of peace for our seniors and their families.

OUR CORE VALUES

Our core values exemplify who we are and how we operate.

- Loving Care - We are committed to caring for our clients (your loved ones) with love, respect and dignity.
- Personal Care - We provide our clients with activities that encourage social engagement and mental stimulation.
- Professional Care - Our team of trained, skilled professionals ensure all prescribed medications are administered appropriately and will consult with our clients' physicians when necessary

OUR OBJECTIVES

- Inclusivity - NACH is open to all without discrimination
- Individualization - NACH provides appropriate, personalized physical and social activity for each individual client
- Teamwork - NACH works together with families, staff and clients to bring positive solutions to difficult situations
- Collaboration - NACH provides a community resource that coordinates with the state and local agencies

NACH ADULT DAY PROGRAM
HOURS OF OPERATION

MONDAY - FRIDAY
8:00AM - 5:00PM

ENROLLMENT FEE - There is a One Time Enrollment Fee of \$250.00

NACH Adult Day Care Program may discharge clients from the program at any time the program becomes ill-suited for the client. NACH requires a 30-day notification from the responsible party if the client should wish to leave the program.

MONTHLY PACKAGE RATE *(Check one):*

___ 1 to 10 Days: \$750.00
___ 11 to 15 Days: \$1,000.00
___ 16 to 22 Days: \$1,500.00

****A late fee of \$50.00 will be added to payments equal to or more than 15 days late.**

Fees include all activities, meals and snacks. Should the need for clinical visits arise, NACH Adult Day Care Program will arrange for Podiatry or Outpatient Therapy in cooperation with the responsible party. Beauty salon services are also available and scheduled by request through the Director's assistant.

My signature below indicates that I have read, understand and agree to comply with the responsibilities as a client or responsible party in the NACH Day Program.

CLIENT NAME (PRINTED)

CLIENT OR RESPONSIBLE PARTY SIGNATURE

MAIL MONTHLY STATEMENT TO:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OR EMAIL ADDRESS: _____

NACH ADULT DAY PROGRAM
PAYMENT INFORMATION

CLIENT'S NAME: _____

START DATE: _____

DAY PROGRAM RATE:

1-5 Days @ \$_____ per day

Pre-Pay 1st Week: \$_____ x _____ days = \$_____

Other Charges: \$_____

Application Fee: \$150.00

TOTAL DUE: \$_____

RESPONSIBLE PARTY FOR BILLING PURPOSES:

Name: _____

Address: _____

City/State/Zip: _____

Relationship to Client: _____

Phone: Home: _____

Cell: _____

Work: _____

Email: _____

Pre-payment for the upcoming week for day program clients/participants is due on Fridays by 6pm. Payments should be made payable to Never Alone Care Home.

Methods of Payment: Cash, Cashier's Check or Money Order

Electronic Methods of Payment: Zelle to Never Alone Care Home

NACH ADULT DAY PROGRAM ENROLLMENT APPLICATION

Referred By: _____

Referral Date: _____

Enrollment Date: _____

=====

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Gender: ☐ Male ☐ Female Age: _____ Date of Birth: _____

SS#: _____ Hospital Preference: _____

Physician: _____ Phone: _____ Fax: _____

Bill To: _____

Address: _____

City/State/Zip: _____ Phone: _____

Current Living Arrangements (*Select One*):

☐ Alone ☐ With Spouse ☐ With Sibling ☐ With Children ☐ Other

EMERGENCY CONTACT INFORMATION

PRIMARY EMERGENCY CONTACT

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

SECONDARY EMERGENCY CONTACT

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

PICKUP AUTHORIZATION

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

NACH ADULT DAY PROGRAM

GENERAL GUIDELINES

THE FIRST DAY CHECKLIST

1. Pre-Admission Paperwork with required signatures
2. Signed DNR Order
3. Copy of Advanced Directives (if applicable)
4. Copy of Power of Attorney (if applicable)
5. Change of Clothing (top, bottom and undergarments in case of a spill or accident)
6. Protective Underwear
7. Label Garments such as sweaters and jackets

****Allow for extra time on the first day in order to ensure that all documents have been properly completed and to ask NACH staff questions.**

GUIDELINES

1. NACH is open Monday through Friday from 8:00am until 5:00pm.
2. NACH encourages participants to attend at least one full-day or two half-days a week to establish routine.
3. Please contact NACH by 8:00am if the participant is unable to attend on their regularly scheduled day or will be changing their schedule to ensure proper planning for lunch schedule.
4. All medications that the participant is currently taking must be listed on the Physician's Order Form. Medications routinely being administered by NACH Adult Day Program must be in a properly labeled prescription container.
5. Caregivers are responsible for notifying NACH staff of any changes in the participant's medication regimen or health status including surgeries, procedures, etc.

NACH ADULT DAY PROGRAM
AUTHORIZATION FOR DISPENSING MEDICATIONS AT
NEVER ALONE CARE HOME

Medications which have been prescribed by a physician will be given at NACH Adult Day Program. Non-prescription medications, such as aspirin, Motrin, Tylenol and antacids may be given (PRN) according to label directions if we have a signed authorization from the participant's physician, caregiver, or guardian.

Medications must be properly identified. The medication must be labeled with the medication name and dosage or be in its original container.

Complete the lower portion of this form and return it to us with the medication. If more than one medication is to be given, it should be recorded on an additional form.

NO MEDICATION WILL BE DISPENSED UNLESS THIS FORM IS PROPERLY FILLED OUT.

I authorize and request personnel at NEVER ALONE CARE HOME responsible for (Participant Name)_____ to give the following Over-The-Counter Medication and or prescription medication(s) as listed on the Physician's Order Form.

Name of Medication

Medication Dosage

Time Medication To Be Given/As Needed

Signature of POA/Guardian

Date

NEVER ALONE CARE HOME PRE-ADMISSION PLAN OF CARE

Date of Application: _____

Resident Name: _____

Birthday: _____

Religion: _____

Admission Diagnosis: _____

1. Current Activities of Daily Living (help in bathroom or with eating status: _____)
2. Is the resident/participant able to feed himself/herself? _____ Yes _____ No
3. In the last six months, how much weight change has the resident/participant experienced? _____
4. Current eating habits: _____
5. Does food need to be cut in small pieces? _____ Yes _____ No
6. Does food need to be pureed? _____ Yes _____ No
7. Does the plate need to be described or turned to see food not eaten? _____ Yes _____ No
8. Does the resident/participant have dentures? _____ Yes _____ No
9. Does the resident/participant keep them in during the day? _____ Yes _____ No
10. Would they ever remove dentures at meal time? _____ Yes _____ No
11. Does the resident/participant have any visual blockage? _____ Yes _____ No
12. Does the resident/participant wear eyeglasses? _____ Yes _____ No
13. Does the resident/participant wear a hearing aid? _____ Yes _____ No
14. Is the resident/participant able to keep up with eyeglasses and/or hearing aid? _____ Yes _____ No
15. Is the resident/participant able to put in and take out the hearing aid without assistance? _____ Yes _____ No
16. Is hearing absent stronger or weaker in one or both ears? _____
17. What time does the resident/participant like to go to bed? _____
18. Can the resident/participant pivot to get on the toilet? _____ Yes _____ No

19. Does the resident/participant wear briefs (diapers) to bed at night or when up in the daytime? _____ Yes _____ No
20. Does the resident/participant want or need to be assisted up in the night to go to the toilet? _____ Yes _____ No
21. What time of day does the resident/participant like to bathe? ____ Shower or Bath? _____
22. How many falls has the resident/participant experienced in the past 30 days? ____ please describe fully?

23. How many falls has the resident/participant experienced in the past 6 months? ____
24. Does the resident/participant undress during the day? _____ Yes _____ No
25. What assistance is required? _____
26. If clothing is soiled while at Day Care, is assistance needed to help redress?
_____ Yes _____ No
27. Is the resident/participant showing any signs of confusion? _____ Yes _____ No
If so, what are you seeing? _____
28. Is the resident/participant wandering or up and about at night? _____ Yes _____ No
29. Are you fearful of your family member wandering away from home? _____ Yes _____ No
30. Is the resident/participant combative toward family at home? _____ Yes _____ No
31. How does the resident/participant communicate his/her needs to others?

32. What is the resident/participant able to do to make his/her needs known?

33. Does the resident/participant communicate needs verbally? _____ Yes _____ No
34. How does the resident/participant communicate his/her needs to others when upset (verbally, physically, throw or hit when angry)?

35. When upset, how do you know what is upsetting the resident/participant?

36. How does the resident/participant cope with changes in daily routine?

37. Is the resident/participant usually oriented? _____ Yes _____ No; Time: _____

Yes _____ No; Place: _____ Yes _____ No; Name: _____ Yes _____ No

38. With what family members is the resident/participant most comfortable or familiar? _____

39. Will the resident/participant call out for anyone in particular? _____ Yes _____

No; If so, who? _____

40. Is this person still living? _____ Yes _____ No

41. When does the resident/participant nap? _____

42. Does the resident/participant need naps during the day or would the family need us to keep the resident/participant awake? _____ Yes _____ No

43. Is the resident/participant able to follow commands and directions? _____ Yes _____ No

44. Will the resident/participant have visitors? _____ Yes _____ No

45. Who will visit the resident/participant routinely? _____

46. What religion is resident/participant? _____

47. Is the resident/participant married, widowed, single or divorced? *Circle one*

48. If married, does the resident/participant's spouse plan to visit daily? _____ Yes _____ No

49. If widowed, does the resident/participant talk about the spouse in the present tense? _____ Yes _____ No

50. Does the resident/participant establish his/her own goals and activities, i.e., reads the paper, goes on outings with friends in the community at present times, does a craft like knitting, puzzles, letter writing? _____ Yes _____ No

51. What special TV channel or show, game show, talk show, soap opera, type movie does the resident/participant like?

52. What is the resident/participant's favorite activity?

53. Does the resident/participant have any special likes and dislikes regarding food?

_____ Yes _____ No

54. Does the resident/participant know that this is assisted living and/or day care for seniors/adults? _____ Yes _____ No

55. Where did the resident/participant live up until now?

56. Who is the primary caregiver? _____

57. What led you to decide that Assisted Living and/or Adult Day Care is a good option for you?

Resident/Participant Signature or Responsible Party

Date

NACH ADULT DAY PROGRAM RESIDENT FOOD INFORMATION

CLIENT NAME: _____

DATE: _____

Favorite Foods

- 1.
- 2.
- 3.
- 4.

Least Favorite Foods

- 1.
- 2.
- 3.
- 4.

Food Allergies (please list reaction and treatment if allergy exists)

- 1.
- 2.
- 3.
- 4.

Does your loved one prefer to have his/her food chopped or not chopped?

___ Chopped/cut for them

___ Leave unchopped/uncut

NACH ADULT DAY PROGRAM

EMERGENCY RESUSCITATION PROCEDURES

I, _____ or my legal guardian/representative, hereby acknowledges that Never Alone Care Home Adult Day Program is not a Health Care Provider Pursuant by Tennessee Code 68-11-1802(a) and therefore is not obligated to make a final decision of what may or may not constitute a cardiac or pulmonary failure under a Do Not Resuscitate (“DNR”) order.

I hereby acknowledge that Never Alone Care Home Adult Day Program may respond, to the best of its ability, to any medical emergency I might have while under Never Alone Care Home Adult Day Program supervision. I understand and agree that such a response may indicate the administration of cardio-pulmonary resuscitation even though I may have executed a DNR order. If I have executed the “State of Tennessee Physician Orders for Scope of Treatment as defined by Tennessee Code title 68-11-224, it is my responsibility to provide Never Alone Care Home Adult Day Program with a copy of the form. This form will be given to EMS upon their arrival.

I hereby acknowledge that it is the policy of Never Alone Care Home Adult Day Program to call an emergency medical service (“EMS”) when a person under Never Alone Care Home Adult Day Program supervision appears to be experiencing any medical emergency, and I hereby release Never Alone Care Home Adult Day Program from any liability that may result from the notification of an EMS.

Signature of Guest or Legal Representative

Printed Name

Date

Witness

Printed Name

Date

NACH ADULT DAY PROGRAM

HIPAA GUEST CONSENT FORM

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Guest/Responsible Party (Print Name)

Guest/Responsible Party (Signature)

Date

Witness

Date

NACH ADULT DAY PROGRAM
PHYSICIAN'S ORDER

Patient: _____ Date: _____

Diagnosis: _____

Allergies (food, medications or pets): _____

Hospital Preference: _____

Diet Order (please check all that apply):

☐ Regular

☐ Diabetic (please specify calorie count): ☐ 1800 ☐ 2000

☐ No Concentrated Sweets

☐ Low Fat/Low Cholesterol

☐ No Added Salt

☐ Mechanical Soft

Most Recent: Blood Pressure _____ Pulse _____ Weight _____

TB/Mantoux: Date Given _____ Given By _____

Results/Date Read _____

Read By _____

1. Does the patient wander away from home or indicate a potential to wander? ☐ Yes ☐ No
2. To your knowledge, is the patient free from communicable disease? ☐ Yes ☐ No
3. Do you think the patient will benefit from enrollment? ☐ Yes ☐ No
4. Is the patient combative? ☐ Yes ☐ No
5. Can the patient self-administer medications? ☐ Yes ☐ No
6. May this patient take part in range-of-motion activities? ☐ Yes ☐ No
7. Are there any limitations? ☐ Yes ☐ No; If so, please explain _____

Physician's Name (Print)

Address/City/State/Zip

Phone

Fax

Physician's Signature

Date

UPIN#

FOR NEVER ALONE CARE HOME OFFICE USE ONLY

Advance Directive included in chart: ☐ Yes ☐ No

NACH ADULT DAY PROGRAM
PHYSICIAN'S ORDER

Patient's Name: _____

NOTE: Please include PRN and Over-The-Counter medications

MEDICATION LIST

NAME OF MEDICATIONS	DOSAGE	TIMES GIVEN	REASON GIVEN

Physician's permission for facility to:

Apply sunscreen? ____ Yes ____ No

Clip Fingernails? ____ Yes ____ No

Physician's Signature

Date

NACH ADULT DAY PROGRAM
PHOTO RELEASE FORM

I hereby grant Never Alone Care Home Adult Day Program permission to use my likeness in photographs and/or video in any and all of its publications, including Internet, and in any and all other media, whether now known or hereafter existing, controlled by Never Alone Care Home Adult Day Program, in perpetuity, and for other use by the Program. I will make no monetary or other claim against Never Alone Care Home Adult Day Program for the use of the photographs and/or video.

I understand this release can be withdrawn at any time.

Participant Name: _____

Participant or Representative Name (Print)

Participant or Representative Signature

Date

=====

OFF PREMISE RELEASE

I hereby grant Never Alone Care Home Adult Day Program permission to escort participant of NACH Adult Program off premises for an outing, lunch, or medical appointment.

Participant Name: _____

Participant or Representative Name (Print)

Participant or Representative Signature

Date

NACH ADULT DAY PROGRAM

LIABILITY RELEASE

The undersigned hereby release Never Alone Care Home Adult Day Program and all of its officers, directors, employees, staff and volunteers from any and all claims for injury, losses, costs and expenses incurred by the undersigned or the Participant from any accident. Injury, illness or loss of personal property suffered or incurred in connection with any services, programs or care provided or performed by NACH.

In case of emergency, I hereby give permission to NACH, its staff, employees and volunteers to summon or perform emergency services for the Participant and/or arrange transportation to the hospital that is most available. I understand that such emergency, hospital or physician services will be billed directly to me and that NACH will not be held responsible for payment of such services.

Name of Participant: _____

Signature of Responsible Party: _____

Date Signed: _____

NACH ADULT DAY PROGRAM

ADMISSION POLICY

POLICY: To provide for and facilitate fair and informed admission to the Never Alone Care Home Adult Day Program.

The participants of Never Alone Care Home Adult Day Program will be adults with physical, emotional or mental impairments who require mild to moderate assistance and/or supervision.

PROCEDURE PURPOSE: To ensure an orderly process and set forth the requirements for consistent and appropriate selection and admission of participants.

AMBULATION

- Must be able to ambulate independently or with assistance of a wheelchair or walker.
- Must be able to transfer with one person.
- Must be able to bear his/her own weight.

FEEDING

- Must eat independently or with minimal cueing.

TOILETING

- Must be able to maintain bowel control with minimal assistance.
- May have minimal urine incontinence.
- Must display adequate toileting hygiene to prevent odors.

COMMUNICATION

- Participant is able to follow simple directions.
- Participants who speak a foreign language, not English, would require an interpreter at all times.
- Participants must be able to make their needs understood.

PROGRAM PARTICIPATION

- Participants will participate 50% of the time.
- Participants will benefit from the social environment as evidenced by interaction with others.

SUPERVISORY REQUIREMENTS

- Participants will benefit from a group setting with a staff-group ration of 1:4.

WANDERING

- Participant should be redirectable in his/her wandering.
- Participant should be willing to remain in a secure area.

The participant or family caretaker will sign this admission/discharge form honestly and to the best of their ability.

I HAVE READ AND HAVE ANSWERED QUESTIONS AND ACKNOWLEDGED KNOWN BEHAVIOR OF THE PARTICIPANT REQUESTING ADMISSION HONESTLY AND TO THE BEST OF MY ABILITY.

Signature

Date

NACH ADULT DAY PROGRAM DISCHARGE POLICY

POLICY: To provide for and facilitate fair and informed discharge from the Never Alone Care Home Adult Day Program.

PROCEDURE PURPOSE: To ensure an orderly process and set forth the requirements for consistent and appropriate selection and dismissal of participants.

Those who are not eligible for admission include those persons who require more assistance than NACH staff can provide, are beyond the scope of services, those who have a contagious disease, and those who are a danger to themselves or others.

Due to the congregate nature of the program, Never Alone Care Home Adult Day Program reserves the right to refuse services.

All Never Alone Care Home Adult Day Program participants will be monitored on a weekly basis to determine whether or not they meet any of the criteria for discharge.

THIS WOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

AMBULATION

- Participants who cannot pivot for transfers, need lifting and those who cannot bear weight.

FEEDING

- Participants who need assistance which may require continual queuing.
- Participants who display eating habits which are unacceptable in a group setting.

TOILETING

- Participants with frequent urinary/bowel incontinence requiring more than minimal assistance by staff.
- Consistent body odor due to poor hygiene with unwillingness to improve.

PROGRAM PARTICIPATION

- Participants who sleep excessively or isolates, not participating in program activities 50% of the time.

SUPERVISORY REQUIREMENTS

- Participants who need 1:1 staff more than one third of the time.

WANDERING

- Participants who are non-redirectable in his/her wandering.
- Participants who repeatedly refuse to remain in secure area.

DISRUPTIVE and UNACCEPTABLE BEHAVIOR

- Combative behavior, such as hitting, kicking, grabbing, spitting, etc., are grounds for immediate discharge. A deteriorating physical/mental condition resulting in the participant being a danger to himself/herself or others. Threatening others physically or verbally.

- Inappropriate language such as swearing, cursing, insulting or berating others.
- Sexual comments and gestures and inappropriate sexual conduct.
- Frequency and intensity or duration of guest's behavior continues after being explained the expectations and after staff interventions the situation remains uncontrollable and non-redirectable. Disruptive behavior that affects the health, happiness and well being of the other participants and/or the effective operation of the program.

2-WEEK TRIAL

- A participant that is on a 2-week trial basis and is deemed to be inappropriate for adult day services.

If one or several of the discharge criteria have been met by a participant, the Director/Nurse will notify (in writing) the participant and his/her family of the need to change arrangements. Thirty (30) day notice will be provided, however the Never Alone Care Home Adult Day Program Staff reserves the right to immediately suspend, without proper notice.

Signature

Date

NACH ADULT DAY PROGRAM

BILL OF RIGHTS

Though this Bill is not intended to be inclusive, It suggests an outline of the basic rights that should be guaranteed to adult day program services.

- The right to be treated as an adult, with considerations, respect, and dignity, including privacy in treatment and in care for personal needs.
- The right to participate in a program of services and activities designed to encourage independence, learning, growth, and awareness of constructive ways to develop and/or maintain one's interests and talents.
- The right to self-determination within the day program setting, including the opportunity to:
 - Participate in developing or changing one's plan for services.
 - Decide whether or not to participate in any given activity and/or be given an alternate activity.
 - Be involved to the extent possible in program planning and operation.
 - Refuse treatment and be informed of the consequences of such refusal.
 - End participation in the adult day program at any time.
- The right to a thorough initial assessment , development of an individualized plan of care, and a determination of the level of care that will be necessary.
- The right to be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.
- The right to be safe, secure and a clean environment.
- The right to receive nourishment and assistance with meals as necessary to maximize health functional abilities and quality of life.
- The right to confidentiality and the guarantee that no personal or medical information will be released to persons not legally authorized to receive it unless the participant gives written consent.
- The right to voice grievances about care or treatment without discrimination or reprisal.
- The right to be fully informed, as documented by the participant's written acknowledgement of all the participant's rights, expected conduct and responsibilities, as well as the rules and regulations governing the adult day program.
- The right to be free from harm, which includes abuse, neglect, exploitation, and isolation. Physical and chemical (drug) restraints may be used only in accordance with the individual's plan of care and permitted under applicable law.
- The right to have Rights explained or presented in a manner appropriate for the participant's level of understanding.
- The right to be fully informed, at the time acceptance into the program, of services and activities available and related charges.
- The right to communicate with others and be understood by them to the extent of the participant's capability. Non-English speaking participants must have access to an interpreter and/or written materials in the native language.

- Participants also have responsibilities. To the extent possible, these responsibilities are to be carried out by the participant or by the caregiver on behalf of the participant, if necessary. These responsibilities include:
 - The responsibility to treat NACH staff with respect and courtesy.
 - The responsibility to communicate with NSCH staff to develop a relationship of trust.
 - The responsibility to make choices and seek appropriate care.
 - The responsibility to ask questions and confirm understanding of instructions.
 - The responsibility to share opinions, concerns and complaints with the director.
 -

I have read and been provided a copy of the Bill of Rights.

Participant or Representative Signature

Date

Witness

Date

NACH ADULT DAY PROGRAM POLICY AND PROCEDURES FOR PARTICIPANTS AND FAMILIES

The following policy agreement stipulates the requirements of the Never Alone Care Home Adult Day Program for participants. It also identifies the services the Program will provide for these individuals and their families.

- Prior to admission, participants must have a physical examination within the last 30 days. The report from the examination is to be completed on the form furnished by NACH and will include a list of any limitations, medications and a statement that verifies the participant is free of any communicable disease. Participants must have an annual TB screening. **NACH does not administer TB screening.**
- Prior to admission, participants must have had the complete COVID-19 vaccination at least two (2) weeks before attendance.
- Participants attend five (5) days per week on a full-time basis or as few as two (2) days per week, space permitting.

Discharge Procedures

NACH has the right to discharge a participant who is physically abusive to other participants/clients, staff or themselves.

Participants are free to withdraw from the NACH Adult Day Program at any time. Participants are expected to adhere to the following requirements:

- Verbal and written notifications must be submitted to the Director of Never Alone Care Home two (2) weeks prior to the participant withdrawal. Participants are required to pay all days attended prior to leaving the program.
- A participant can be asked to withdraw at any time if they become a danger to the program or themselves.

Vacation/Sick Policy

- A participant is encouraged to not attend the NACH Adult Day Program when/if sick, in order to keep themselves and others safe. If NACH is experiencing illness, the facility will contact you to let you know that you can bring your loved one at your own discretion. If participants are taking vacation, it is up to the family to let NACH know that the participant will not be in attendance for the amount of time and dates of absence.
- NACH is a smoke-free building and environment; **smoking is not permitted.**
- All participants are to bring a complete change of clothing labeled with their name. In the event the change of clothes is used, it is important to return clean clothes for the next day. It is the policy of NACH Adult Day Program to provide a limited space for these personal belongings. NACH Adult Day Program will assume no responsibility for the loss or damage to these items.

- It is the policy of NACH to keep participants, caregivers and/or families informed in regard to functional status via a phone call/meeting with the family. NACH will keep you informed of the operational and administrative policies/procedures of the Adult Day Program.
- Visitors are permitted at any time during program hours, which are Monday through Friday, 8:00am-5:00pm.

Bad Weather Policy

- NACH does not adhere to bad weather openings and closings. It is up to the participant's caregiver as to whether or not to bring the participant to NACH during that time.

Holidays

- NACH is open on all holidays. During holidays it is recommended families make reservations as early as possible for staffing purposes.

Environment

- Participants have the right to know that they are in a safe environment while attending the program. NACH Adult Day Program follows the Fire, Safety and Disaster Plan of the Never Alone Care Home, the facility in which it is located.
- NACH Adult Day Program does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, or military status, in and of its activities or operations.

Participant Name

Responsible Party Signature

Date