

SILVERTHORNE ADULT DAY CARE CENTER

SERVICES AGREEMENT

The Silverthorne Adult Day Care Center and \_\_\_\_\_ hereby agree to the following terms and agreements.

Each participant and/or his/her agent, as evidenced by this signed acknowledgment, has received a copy of the Participant's Rights and Responsibilities.

Each participant and/or agent agrees to their responsibility of fees for services being paid in full by the 15th of the month. If participant/agent is awaiting coverage by a third party payor, once payment is received by this third party, monies paid by participant/agent will be reimbursed to participant/agent.

The Silverthorne Adult Day Care Center staff will in turn recognize the participant's rights and will provide regular communication with the participant and/or his/her agent regarding the participant's Treatment Plan and any changes in the participant's condition as well as any changes in the program's policies or Rate Schedule.

All participants of the Silverthorne Adult Day Care Center enjoy equal rights while at the Day Care Center.

The participant will attend the program M T W Th Fri and will be at center for brkfst (9:00am) — Lunch (12:00pm)\_\_\_ Snack (2:30pm)\_\_\_.

*You are responsible for paying if a scheduled session is not attended.*

Signatures: \_\_\_\_\_ Participant  
\_\_\_\_\_ Agent  
\_\_\_\_\_ ADCC Director

As noted in your Bill of Rights, you have the right to be treated with respect and dignity. If you feel you or your rights are being abused, you can speak directly to the Administrator. You also have the right to report complaints to:

Office of Program Support  
Health Facilities Administration  
129 Pleasant St.  
Concord, NH 03301  
1-800-852-3345 (ext 4592 or 1-601-271-4592TDD access 1-8000-735-2964

Participant \_\_\_\_\_

Agent \_\_\_\_\_ Date \_\_\_\_\_

(copy of this form with above numbers received \_\_\_\_\_, please initial