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CERTIFIED FAMILY HOME ADMISSION POLICY & AGREEMENT www.cfh.dhw.idaho.gov

This agreement will explain this Certified Family Home's policies about the care we will provide, how we will assist with medications, our policies for helping with resident finances, and the cost of living here.

This Certified Family Home and resident hereby enter into the following agreements:

GOODS AND SERVICES: This Certified Family Home agrees to provide the following goods and services without additional charge:

Assistance with activities of daily living

Appropriate & adequate supervision

Recreational activities/supplies

Arranging for transportation

Furnishings and equipment

Laundering linens

Television in the common areas

Arrangement for medical and dental care

Essential toiletries*

Maintenance of self-help skills

Linens, towels and washcloth

Housekeeping

Three (3) daily meals

*Essential toiletries include a reasonable supply of soap, shampoo, toilet paper, sanitary napkins, first aid supplies, and shaving supplies.

In addition, other goods and services are provided as specified in the Plan of Service.

<u>MEDICATIONS:</u> This Certified Family Home hereby adopts and incorporates into this Admission Agreement the following policies and procedures regarding the handling of medications.

1. If you wish to be responsible for your own medications, you must obtain a written statement from your primary physician or practitioner of the healing arts indicating you are capable of self-administering your medications

- 2. If you wish, or need to have assistance with taking your medications, you must get a written statement from your physician or practitioner of the healing arts which includes written instructions concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency.
- 3. This home will take necessary precautions to protect you and other residents from obtaining medications that are being stored either in individual resident's rooms or by the home.
- 4. This home will follow other rules governing medication procedures outlined in Section 16.19.03.400 of the Rules Governing Certified Family Homes.

RESIDENT FUNDS: This home hereby adopts and incorporates into this Admission Agreement the following policies and procedures governing resident funds and charges:

- 1. This home agrees to allow each resident whose care is paid fully or partially by the Department of Health & Welfare (DHW) to retain the amount specified for personal needs.
- 2. This home will accept the amount authorized by the Department for the goods and services as payment in full for eligible residents.
- 3. Goods and services not allowable by Medicaid may be negotiated separately and will be included in this agreement, if applicable.

4. The monthly charge for the resident's room, utilities, and 3 daily meals is \$_____ per

THE HOME AGREES TO THE FOLLOWING:		
1.	This home will provide (15 to 30) days written notice before increasing any charges, and will revise this Agreement to include the changes that will be signed by the provider and the resident.	
2.	The home requires (15 to 30) days written notice from the resident should the resident desire to move.	
3.	If the home received (15 to 30) days written notice before moving from the resident, a partial month's refund will be prorated for the balance of the calendar month.	
4.	If the home wishes to terminate this agreement with the resident, the home will provide the resident (15 to 30) days written notice. Terminations are typically made due to medical reasons, for the resident's welfare, or for non-payment of care.	
5.	If this home handles funds on behalf of the resident, the CFH rules governing these procedures 16.03.19.275.01 & .02 will be followed. The resident requests this home to accept responsibility for handling your funds?YesNo	
6.	This home provides \$ of liability coverage.	

THE RESIDENT AGREES TO THE FOLLOWING:

1.	The resident will provide (15 to 30) days notice to the home, notifying the home of their intention to move.
2.	The resident gives permission to the home to transfer information from the resident record to the hospital, nursing facility, assisted living facility, or other certified family home in the event the resident moves from this home.
3.	This home expects the resident to assume the responsibility specified in the Plan of Service.
4.	The Department may approve this home to care for two (2) residents who require nursing facility level of care (NFLOC). The resident has requested this living arrangement and has been informed of the nursing facility level of care waiver requirements. The resident reserves the right to notify the Department if he / she does not wish to live in the home with the other resident.
Additio	onal conditions of this agreement:
We ag	ree to these conditions of admission to this Certified Family Home.
Contific	ad Formilla Horna Dravidar
	ed Family Home Provider
Reside	ent
Date _	
Guardi	ian (if applicable)
Date _	