

HOURLY ADULT CARE ENROLLMENT CONTRACT

Hourly adult care, also referred to as adult day health, is a supervised, structured, paid service that may be provided in a certified family home (CFH) for up to fourteen (14) hours in any twenty-four (24) hour period to adult participants who are not residents of the home. Hourly adult care encompasses health and social services, recreation, supervision, and assistance with activities of daily living needed to ensure the optimal functioning of the participant under IDAPA 16.03.19.180.

PROVIDER INFORMATION

The provider is the adult to whom the CFH certificate is issued and who is responsible for maintaining the home and providing hourly care to the participant.

Name:		Certificate No.:
Telephone Number: ()	Email:	
Physical Address:		
Physical City:	Physical State:	Physical ZIP:

PARTICIPANT INFORMATION

The participant is the adult receiving hourly adult care services.

Full Legal Name:		Date of Birth:
Physical Address:		
Physical City:	Physical State:	Physical ZIP:

RESPONSIBLE PARTY

The responsible party is the participant's regular caregiver.

Name:		
Relationship to Participant:		
Telephone Number: ()	Email:	
Physical Address:		
Physical City:	Physical State:	Physical ZIP:

ALTERNATE EMERGENCY CONTACT

The provider will communicate with the alternate emergency contact if the responsible party is unavailable.

Name:		
Relationship to Participant:		
Telephone Number: ()	Email:	
Physical Address:		
Physical City:	Physical State:	Physical ZIP:

PRIMARY PHYSICIAN

The participant's primary health care professional.

Physician's Name:	Business Phone: ()
Practice Name:	

DIAGNOSES AND BEHAVIORS

The participant's pertinent health information.

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MEDICATIONS

A current list of the participant's prescription medications. If medication management is required, the provider will assist with the following:

NAME	DOSAGE	ROUTE	TIME

KNOWN ALLERGIES

A list of the participant's known allergies. The provider will take precautions against the participant ingesting the following:

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DIET

Special diets prescribed by the participant's primary physician, if applicable. The provider will ensure the participant receives/is restricted from the following:

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TREATMENTS

Any treatments prescribed by the participant's primary physician, if applicable. The provider will ensure the participant receives the following:

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