



DATE _____

HOME CARE SERVICE RECIPIENT INFORMATION AND ASSESSMENT

CLIENT NAME _____ DOB _____ M or F _____

SS# _____

PHONE _____ ADDRESS _____

CITY/STATE _____ ZIP CODE _____

REFERRED BY _____

Email address: _____

Start of care ____/____/____

EMERGENCY CONTACTS:

PRIMARY CONTACT _____ RELATION _____

ADDRESS: _____

PHONE # _____

ADDITIONAL CONTACT _____ RELATION _____

ADDRESS: _____

PHONE # _____

ADDITIONAL CONTACT _____ RELATION _____

ADDRESS: _____

PHONE # _____

Who to notify in event caregiver is running late _____

CLIENT NAME: _____

MEDICAL INFORMATION

PRIMARY PHYSICIAN _____ PHONE _____

MEDICAL HISTORY

ACUTE CONDITIONS? If yes, please describe: _____

SURGERIES? (Type and year of surgery): _____

ALLERGIES? If yes, please describe: _____

Y or N ARTHRITIS

Y or N ASTHMA. Controlled? Y or N

Y or N CANCER. If yes, please describe: _____

Y or N DEMENTIA

Y or N DIABETES. Type? _____

Y or N FALL RISK

Y or N HEART CONDITION. If yes, please describe: _____

Y or N HIGH BLOOD PRESSURE

Y or N KIDNEY PROBLEMS. If yes, please describe: _____

Y or N LUNG PROBLEMS. If yes, please describe: _____

Y or N SEIZURES

Y or N STROKE

Y or N TOBACCO USE. In the home? Y or N

CLIENT NAME: _____

Internal use only

Private payer source: _____

Rate/hour: _____

Invoices sent to (email address, physical address, etc):

PPE- check collected ___ bill on first invoice ___ declined but understood ___

Invoices sent after policy activated

Just insurance company _____ Insurance company and insured _____

Elimination period length? _____

Policy documents signed by insured? _____

Rate/hour: _____ Rate/hour on claim: _____

Daily max benefit _____

Lifetime benefit _____

Inflation rider _____

INSURANCE INFORMATION

LTC INSURANCE _____ Policy # _____

Claim# _____

Financially Responsible party other than client _____

Phone/email _____

Start of care ____/____/____

Schedule: Sun _____ Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____ Sat _____

POA Documents requested _____ Picture
taken _____

Client Name _____

ADLS

- Bathing- hands-on
- Bathing- standby
- Bathing- verbal cue or reminder
- Cognitive impairment- constant supervision
- Dressing- hands-on
- Dressing- standby
- Dressing- verbal cue or reminder
- Feeding verbal cue or reminder
- Feeding- spoon-fed or tube-fed
- Feeding-Hands on
- Monitor/record blood pressure
- Monitor/record temperature
- Monitor/record weight
- Toileting- hands-on
- Toileting- standby

ADLs Note: _____

Ambulation

- Assist with ambulation- hands-on
- Assist with ambulation- standby
- Hoyer lift assist
- Monitor for fall prevention- arms-length away
- Range of motion exercise
- Report any fall or injuries on or off-shift
- Transfer - gait belt
- Transfer - slide board
- Transfer out of bed/ chair- hands-on
- Transfer out of bed/ chair- standby
- Transfer out of bed/ chair- verbal cue or reminder
- Transferring
- Transferring- hoyer 1 person
- Transferring- hoyer 2 person

Ambulation Note: _____

Companionship

- Apply first aid in case of minor injury
- Assist with bill paying
- Assist with hobbies
- Companionship
- Conversation
- Encourage conversation and mental stimulation
- Encourage puzzles, crafts, participate in social activities
- Exercise reminders
- Games
- Gardening

- Providing caregiver relief, companion sitter services
- Walk outside
- Watch movie
- Watch tv
- Writing

Companionship Note: _____

Housekeeping

- Change sheets
- Check for expired food in fridge
- Clean bathroom
- Clean bedroom
- Clean dining room
- Clean kitchen
- Clean living room
- Cleaning
- Dishwashing
- Dispose of garbage
- Dusting
- Empty dishwasher
- Ironing
- Laundry
- Light housekeeping
- Make bed
- Mopping
- See list and complete
- Sweeping
- Vacuuming

Housekeeping Note: _____

Client Name: _____

Nutritional Care Note: _____

Meal Services

- Add thickener to meals
- Liquid meal
- Low carbohydrate (sugar) meals
- Low sodium (salt) meals
- Meal planning
- Meal preparation
- Meals fed with g-tube
- Mechanical soft chew
- Serve meals
- Special dietary meals

Meal Services Note: _____

Medication Assistance

- Medications reminder
- Observing/reporting change in client's condition
- Oxygen care
- Report med errors, missed med, or new meds
- Utilizing universal precautions

Medication Assistance Note: _____

Nutritional Care

- Breakfast call to room
- Cooking
- Dinner call to room
- Encourage and educate on balanced and diagnosis specific needs
- Encourage fluids
- Escort to breakfast
- Escort to dinner
- Escort to lunch
- Lunch called to room
- Meal planning
- Meal preparation
- Monitor cooking equipment for failure
- Monitor food expiration dates
- Prepare/ plan breakfast
- Prepare/ plan dinner
- Prepare/ plan lunch
- Prepare/ plan snack
- Push fluids
- Record food intake
- Record liquid intake
- Special diet needs

Personal Care

- AM denture care
- Apply lotion
- Apply makeup
- Assist compression stockings
- Assist medical device
- Assist shaving
- Assist with exercise
- Bedpan assistance
- Bladder care
- Bowel care
- Brush hair
- Brush teeth
- Eating
- Escort to activities
- Feeding
- Grooming
- Hearing Aid (Clean/ Change)
- Hygiene
- Hygiene assistance
- Incontinence care
- Meals (on site)
- Meals (snack)
- Meals (take home)
- Medication reminders
- Mouth care
- Oral care
- Peri- care
- PM denture care
- Positioning
- Range of motion exercises
- Remove makeup
- Respite care
- Rotate reposition
- Shampoo hair
- Showering
- Skin care
- Sponge bath
- Transportation to essential shopping
- Turn client
- Well-being observation

Personal Care Note: _____

Client Name: _____

Toileting

- Assist getting on and off toilet safely
- Assist getting to and from bathroom safely
- Bedpan assist
- Bedside commode assist
- Bowel incontinence assist
- Catheter care- empty bag
- Changed depends/ briefs
- Check status of depends every 2 hours
- Incontinence of bowel/bladder
- Ostomy care- change bag
- Toileting-assistance with colostomy/catheter care
- Toileting- verbal cue or reminder
- Trash soiled depends/briefs
- Urine incontinence assist

Toileting Note: _____

Transportation

- Client Dr. appointments
- Client errands
- Client transportation
- Drive to errands
- Drive to pick up medications
- Drive to senior center
- Drive shopping
- Drive to visit family

Transportation Note: _____



Amada Senior Care Client Service Agreement

1. **Parties:** This Service Agreement (the "Agreement") is between AMADA Senior Care ("AMADA"), and _____ ("Client") and _____ ("Responsible Party"). Responsible Party agrees to be bound by all the terms of this Agreement that apply to and bind Client, including but not limited to payment of all fees and costs, and the Disclaimer/Hold Harmless/Limitation of Liability section.

2. **Services:** AMADA will make reasonable efforts according to applicable law to provide non-medical companionship services to Client. AMADA's caregivers will provide fellowship, care and protection for Client who, because of advanced age or physical or mental infirmity, cannot care for his or her own needs. AMADA's services may include household work related to Client's care such as meal preparation, bed making, washing of clothes, and other similar services consistent with and subject to the terms of this Agreement.

Client understands and agrees that the caregiver providing services to Client must spend at least 80% of her or his time providing fellowship, care and protection for Client, and will spend less than 20% of her or his time during a shift on work other than the fellowship, care and protection of Client. Client specifically understands and agrees that any housekeeping work the AMADA caregiver performs must be less than 20% of the caregiver's working time during each shift.

Additionally, Client understands and agrees that even if an AMADA caregiver is a certified nursing assistant ("CNA"), a certified home health aide ("CHHA"), or a licensed, vocational, practical or registered nurse, the caregiver may only provide non-medical companionship care as a caregiver for AMADA. Client understands and agrees that that the caregiver cannot use the title of, act as, or perform the duties of a CNA, CHHA or a nurse while working as a caregiver for AMADA.

Client agrees to immediately notify AMADA if the caregiver does not perform his or her job duties consistent with all the provisions of this Services section or if Client has not fulfilled all his or her obligations under this Services section. Client agrees to assume financial responsibility for any additional wages, overtime, interest, penalties, attorneys' fees and costs that may result from the caregiver not performing his or her job duties consistent with all the provisions of this Services section or Client not fulfilling all his or her obligations under this Services section. If Client does not promptly notify AMADA otherwise, the parties agree that all the services described in this Services section were performed as described during every shift the caregiver worked for Client. Client agrees to comply with all applicable laws, regulations, AMADA's policies and this Agreement during AMADA's services for Client.

3. **Fees and Billing:** Client agrees to pay AMADA for any services used according to the following schedule, plus applicable overtime, if any: Hourly caregivers: \$_____ per hour with a 4 hour minimum; there is a \$1 per hour charge in the event of payment with a credit card. On each anniversary of the start date of service, there will be an increase of 5% annually.

Additionally, Client agrees to pay AMADA 1.5 times the aforementioned hourly rates, plus applicable overtime, if any, for work on the following holidays: New Year's Day; New Year's Eve; Easter; Memorial Day; Independence Day; Labor Day; Thanksgiving; Christmas Eve and Christmas Day. Client agrees to pay AMADA a deposit of \$_____ prior to the start of AMADA's service for Client. Client understands and agrees that AMADA may modify this fee schedule and or required deposit amount with prior written notice to Client.

Client/Responsible Party Initials: _____

AMADA will bill Client twice a month- on or about the 16th for service dates 1st-15th and on or about the 1st for service dates 16th- last day of the month. Client understands and agrees that AMADA's invoices are due and payable upon AMADA's transmission of the invoice to Client, and will be considered delinquent if not paid within ten days of transmission of the invoice to Client. Client further understands and agrees that Client is responsible and agrees to pay AMADA for the full cost of Client's requested services whether or not these expenses are reimbursable or reimbursed by Client's insurance, if any, or any governmental or other benefit. Client agrees not to pay the caregiver directly for any services

Except as stated in this Agreement, **all fees are non-refundable**, earned in full, and due and payable according to the terms of this Agreement. If any fees or portions thereof are not paid when due and become delinquent, AMADA will charge interest on the unpaid amount of the fee. Interest will be calculated by multiplying the unpaid balance by the periodic rate of **18%** per month. The unpaid balance will bear interest until paid. If Client's account is turned over to an agency or other entity for collection, all fees, costs and interest, including but not limited to attorney's fees and costs, incurred relating to the collection activity will be added to Client's balance and be payable to AMADA according to the terms of this Agreement, and Client agrees to pay AMADA all such fees, costs and interest. Client also agrees to pay AMADA any charge AMADA incurs if Client's check or other payment is returned or refused for any reason.

4. Cancellation: If Client desires to cancel an employee's shift, Client must notify AMADA 24 hours prior to the start of a shift. **This includes sending a caregiver home early.** The full shift is charged. Client agrees to pay AMADA for the full shift if Client does not meet this cancellation requirement. **All schedule changes must be made directly with AMADA's office, and not with a caregiver.**

5. Vehicle Usage & Other Expense Reimbursement: If Client allows an AMADA employee to drive Client's vehicle as part of the employee's work for Client, Client agrees to (1) notify and obtain permission from AMADA before the AMADA employee uses Client's vehicle; (2) properly maintain the vehicle; (3) maintain a current and valid registration for the vehicle; (4) carry all legally required insurance, including insurance coverage for AMADA as an additional insured and the AMADA employee; and (5) provide proof of maintenance, registration and insurance to AMADA upon AMADA's request. Client similarly agrees to obtain AMADA's prior permission for an employee to drive his or her own vehicle on Client's behalf. To the maximum extent permitted by law, Client agrees to defend, indemnify, and hold harmless AMADA and its employees for any accident, injury, or loss that might occur to Client, the AMADA employee, Client's vehicle or other persons or property related to an AMADA employee driving any vehicle on Client's behalf.

Client agrees to pay AMADA the current \$0.58 rate per mile if an employee uses her or his own vehicle for errands or transportation on Client's behalf. Client also agrees to reimburse AMADA for all costs or expenses the caregiver or AMADA incurs on behalf of Client.

6. Valuables: Client agrees to secure Client's weapons and valuables, including but not limited to cash, jewelry, and confidential financial and personal information. Client agrees to make any claims for theft, loss, damage or destruction of property to AMADA as promptly as possible. Client further agrees not to give any gifts, loans, bonuses, tips, payments, or advance any money to AMADA's caregivers.

7. Service Interruptions: If AMADA personnel do not arrive as scheduled, Client agrees to promptly notify AMADA. Although AMADA will make reasonable efforts to provide service to Client, Client understands and agrees that service interruptions may occur. In the event that a worker is absent, we will try to re-staff with a different caregiver before the start of shift. Once a caregiver is identified, we contact the client and notify them of the change. In the event that no caregiver is available, it is the responsible party's responsibility for care.

Client/Responsible Party Initials: _____

8. Confidentiality and Non-Solicitation: Client understands and agrees that, to the maximum extent allowed by law, all information and materials about caregivers are AMADA's property and are to be kept strictly confidential and to be used only in conjunction with AMADA's caregiving services. If Client provides the caregiver information to another party or entity and the other party or entity hires or otherwise engages the caregiver without compensating AMADA its full fees, Client will be responsible for paying AMADA's full fees as stated in this Agreement as if AMADA had placed the caregiver with a client.

Client understands and agrees that AMADA has incurred considerable expense in recruiting, screening, hiring, training and staffing employees. Thus, while using AMADA's services and for a period of one year after termination of AMADA's services with Client, Client agrees not to solicit any caregivers who have performed substantial work for Client to work directly for Client as a caregiver or to work indirectly for Client as a caregiver through another entity. If Client directly or indirectly hires or otherwise engages a caregiver who performed substantial work for Client during the time Client used AMADA's services or for one year after Client ceases using AMADA's services, Client agrees to pay AMADA \$7,500.00.

Information & Updates: Client agrees to provide AMADA with all pertinent information necessary for Client's care, as well as accurate and current insurance (where applicable) and billing/payment information. Client also agrees to promptly notify AMADA of any relevant changes to any of the aforementioned information.

8. Client Concerns: Client agrees to promptly notify AMADA of any concerns or complaints Client has regarding caregivers or any AMADA services. If Client's concern or complaint is not resolved to Client's satisfaction, Client agrees to promptly contact AMADA's President to further discuss the matter. If Client does not promptly raise any concerns or complaints as required under this Agreement, or promptly appeal any such issues with AMADA's President, the parties agree that AMADA's service is satisfactory.

9. DISCLAIMER/HOLD HARMLESS/LIMITATION OF LIABILITY: To the maximum extent permitted by law, AMADA disclaims and makes no express or implied guarantees, representations or warranties about any information, services, caregivers, or employees it provides to Client. **Client and Responsible Party understand and agree that Client's use of AMADA's services is at Client's own risk.** Additionally, to the maximum extent permitted by law, Client and Responsible Party shall indemnify, defend and hold AMADA and its owners, agents, caregivers, employees, officers, directors, attorneys, representatives, and affiliated persons and entities harmless against any damages or liability arising out of or in any way in connection with Client's negligence, omission(s), conduct or misconduct.

Finally, in no event shall any party to this Agreement, including Client, Responsible Party or AMADA, be liable for consequential, incidental, exemplary, punitive, special, or indirect damages of any kind. Further, a party's aggregate liability for damages of any kind under this Agreement – excluding Client's potential financial obligations as stated in Section 2 of this Agreement; the fees, costs and interest related to collections as referenced in Section 3 of this Agreement; the stipulated damages provision in Section 8; and the indemnity, defense and hold harmless provisions in Sections 5 and 11 of this Agreement – shall be limited to the amount of the fees received by or owed to AMADA (whichever is greater) from Client during the 90 days prior to termination of AMADA's service with Client. If any waiver, exclusion or limitation of damages is not permitted by law, the parties' liability to each other is limited to the maximum extent permitted by law.

12. Miscellaneous: This Agreement shall be governed by and interpreted according to Tennessee law. Any action or proceeding commenced regarding this Agreement, the subjects herein, or AMADA's services or the termination thereof shall be brought in Rutherford County, Tennessee. This Agreement constitutes the entire agreement between the parties and supersedes all prior oral and written agreements between the parties with respect to the subjects covered in this Agreement and AMADA's services. Except as stated in the Agreement, this Agreement shall not be amended except in a mutually agreed upon writing signed by Client and or Responsible Party (as applicable) and an authorized representative of AMADA expressly stating an intent to amend this Agreement.

Client/Responsible Party Initials: _____

Client represents that he or she has carefully read and fully understands the scope and effect of all of the provisions of this Agreement; that he or she has had all such time that he or she desires within which to consider this Agreement; that he or she has been advised to and had the opportunity to consult with an attorney of his or her own choosing and at his or her own expense to review this Agreement; and that he or she has availed himself or herself of this opportunity to the extent, if any, that he or she wished to do so.

The terms of this Agreement are severable. The invalidity or unenforceability of any provision within this Agreement shall not affect the application of any other provision, provided that the essential terms and conditions of this Agreement for each party remain valid, binding and enforceable. Further, consistent with the purposes of this Agreement, any otherwise invalid provision may be reformed and, as reformed, enforced by any party to this Agreement.

Each party to this Agreement agrees that the other party is not responsible for any events or circumstances beyond its control (including but not limited to war, riots, embargoes, strikes and or acts of God) that prevent the party from meeting its obligations under this Agreement. This Agreement may be executed in counterparts, each of which shall be deemed to be an original. Such counterparts, when taken together, shall constitute but one agreement. The section captions contained in this Agreement are for convenience only and do not constitute a part of its terms and provisions.

13. Termination: Either Client or AMADA may terminate this Agreement with 24 hours prior written notice to the other party. However to the maximum extent permitted by law, AMADA in its discretion may terminate the Agreement immediately, verbally and without notice if (1) Client becomes abusive to AMADA's caregiver; (2) AMADA cannot meet Client's needs; (3) the caregiver's work environment is unsafe or unhealthy; or (4) Client or Responsible Party fails to pay AMADA's fees when due pursuant to this Agreement.

If Client fails to provide AMADA with the required notice of termination, Client agrees to pay AMADA for one day of service from AMADA. Client agrees to pay AMADA all fees, charges and costs due in full at the time of the Agreement's termination. Sections 1, 2, 3, 5, 6, 8, 11, 12 and 13 of this Agreement shall remain in effect even after termination of this Agreement.

The parties to this Agreement represent and warrant that they have carefully read this Agreement, that they fully understand its final and binding effect, and that they agree to all of its terms. Amada Senior Care

Date: _____

Client

Date: _____

Responsible Party

Date: _____



AUTHORIZATION TO DISCLOSE INFORMATION

CLIENT NAME: _____

I authorize Amada Senior Care to discuss or disclose information regarding the services I receive with the following people:

1. Any entities that are responsible for payment of services received
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

CLIENT SIGNATURE: _____ **DATE:** _____

AMADA REPRESENTATIVE SIGNATURE: _____



Medication Assistance Authorization

I, _____ authorize Amada Senior Care and their employees to provide medication assistance as designated by the agreed service plan. Medication assistance includes, but is not limited to, any of the following:

- Loosening the cap on a pill bottle for oral medication;
- Opening a pill reminder box if the box is filled by the service recipient, authorized representative or licensed medical personnel practicing within the scope of their license;
- Placing medication within reach of the service recipient;
- Holding a service recipient's hand steady to help them with drinking liquid medication;
- Guiding the service recipient's hand when the individual is applying eye/ear/nose drops and wiping excess fluid;
- Helping with a nasal cannula or mask for oxygen, plugging the machine in and turning it on;
- Applying non-prescription creams and lotions purchased over-the-counter to external parts of the body.

If medication reminders are requested, please list the name of the medication, dosage and time for the medication to be taken or provide a list to be attached. Additional medications can be written on the back of this form. All changes in medication/dose/time of dose must be reported to the office.

*******SEE ATTACHED LIST OF CURRENT MEDICATIONS, DOSAGE AND TIME OF ASSISTANCE PROVIDED BY CLIENT**

Signature of Client or Client Representative

Date



CONSUMER RECIPIENT NOTICE: *LEAVE WITH CLIENT*

OUR COMMITMENT TO YOU

Amada Senior care will be deploying caregivers to provide your care in your home or at a facility in which you reside. As their employer, Amada Senior Care will provide supervision of any and all caregivers assigned to you, pay their wages and make sure that all taxes (Federal income taxes, FICA, Medicare, Worker's Compensation, and Unemployment Compensation) are paid.

It is the policy of Amada Senior Care that a criminal history background check and abuse registry check be done for all who provide direct care or have direct contact with elderly or disabled people in their home or facility prior to providing care.

Amada Senior Care is required to provide training annually to our employees so you can be assured that they can perform their duties. Our employees have promised to foster respect, dignity, privacy and confidentiality for all that we server.

Our employees must cooperate with any other service providers and provide services in an efficient, cost effective manner. Also, our employees must not improperly attempt to gain any money or goods from any client or their family.

If you have any questions or concerns with any caregivers coming to your home to provide care, please call our office at 615-933-7494.

It is our please to care for you and provide exceptional service.



CONSUMER RECIPIENT NOTICE: Sign and Keep with file

OUR COMMITMENT TO YOU

Amada Senior care will be deploying caregivers to provide your care in your home or at a facility in which you reside. As their employer, Amada Senior Care will provide supervision of any and all caregivers assigned to you, pay their wages and make sure that all taxes (Federal income taxes, FICA, Medicare, Worker's Compensation, and Unemployment Compensation) are paid.

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_____ date _____
Client or responsible party

Leave with client

Service Recipient Rights, Confidentiality, Responsibilities And Grievance Procedures

Rights and Confidentiality

- To be treated with dignity and respect and have courteous, compassionate care.
- To be free from physical, verbal and emotional abuse, neglect, exploitation and discrimination.
- To have reasonable personal privacy when receiving care
- To be informed about the care you receive and be involved in its planning
- To submit complaints without fear of retaliation and have them addressed timely
- To refuse services and be informed of any changes in your care, including the type, amount and frequency.
- To participate fully or refuse to participate in all activities
- No to be required to make public statements which acknowledge gratitude to our company
- Not to be required to perform in public gatherings
- Identifiable photographs will not be used without written and signed consent by the service recipient or guardian
- Service recipients have the right to be assisted by an Amada Senior Care representative in the exercise of their civil rights. **Responsibilities**

- To promptly inform your care provider if you will be away from home when services are scheduled
- To report any changes in your health or living conditions which concern your care
- To cooperate with care providers and ask questions if you do not understand information
- To provide a safe home environment so that services can be safely given to you

Grievance Procedures

You have the right to voice grievances to the staff of the company, to the owner of the company and to outside representatives of your choice with freedom from interference coercion, discrimination or reprisal.

All grievances reported will be investigated by Amada Senior Care per procedure. If a client's complaint or concern cannot be addressed and corrected by Amada Senior Care, clients are advised to contact the appropriate agency listed below.

Any question or concern regarding service recipient's rights or to report a complaint may be directed to any of the following:

Amada Senior Care
TDMHSAS Office of Licensure –Complaint Intake
Disability Law and Advocacy Center of TN
TN Department of Human Services-Adult Protection Services

Phone #- 615-933-7494
Phone #-1-866-797-9470
Phone #-1800-342-1660
Phone #-1-888-277-8366



Sign and keep with file

Service Recipient Rights, Confidentiality, Responsibilities And Grievance Procedures

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Disability Law and Advocacy Center of TN	Phone #-1800-342-1660
TN Department of Human Services-Adult Protection Services	Phone #-1-888-277-8366

_____ date _____
Client or responsible party

I have received a copy and understand both the *Service Recipient Rights, Confidentiality, Responsibilities and Grievance Procedures* letter and *Consumer Recipient* letter.

Client or Authorized Representative Signature: _____

Date: _____



Credit Card Payment Option

I understand that credit card payment is an option for payment for all charges not covered by insurance. I also understand that there is a \$1.00 per hour service charge assessed only to cover charges incurred by the credit card processing company.

_____ name

date

Credit Card Number

___/___ Exp

date CSV Billing Zipcode

___ I understand the above and but decline the use of a credit card at this time.

_____/___/____

Important Understanding of Roles of Caregivers, Cancelation Policies and Misc...

___ Light housekeeping services should NOT exceed 20% of the caregiver's shift. For example, a 5 hour shift should not consist of more than 1 hour of cleaning. Light housekeeping does not include any task that requires a ladder, yard work, pet care or the moving of furniture.

___ We will periodically check in via phone to see how everything is going, but do request being notified if there are any concerns regarding your care. This would include but not limited to: caregivers not meeting your expectations, personality mismatches or caregivers on their phones. We will also send a representative periodically to reassess your care needs and work with our caregivers to ensure they meeting your care needs properly and safely.

___ We require 24 notice to cancel or shorten a shift. *This includes sending a caregiver home early.*

___ All schedule changes must be done through the office, not the caregiver. Please call 615-933-7494 to make changes.

___ Office hours are Monday through Friday 9-5. After hours are for emergencies only, someone is on-call 24 hours a day. If there is no answer, please leave a message and someone from the office will get back to you as soon as possible.



Emergency and office number 615-933-7494

Client Information

Name _____ DOB: ____/____/____
Last First Middle Maiden

Gender _____ Religion _____ Advance Directive Y ___ N ___

Address _____ Home Phone _____
Street PO BOX

_____ Marital Status _____
City State Zip

Race _____ Social Security # _____ Known Allergies _____

Next of Kin/or Person to Notify in Case of an Emergency Information

Name _____ Relationship: _____
Last First

Address _____ Phone _____
Street

_____ Work Phone: _____
City State Zip

Name _____ Relationship: _____
Last First

Address _____ Phone _____
Street

_____ Work Phone: _____
City State Zip

Insurance Information

Primary Insurance

Policy # _____ Group# _____
Subscriber Name: _____
Social Security#: _____
DOB: _____ Relationship to Patient _____
Employer: _____
Employer Address: _____
Employer Phone # _____

Secondary Insurance

Policy # _____ Group# _____
Subscriber Name: _____
Social Security#: _____
DOB: _____ Relationship to Patient _____
Employer: _____
Employer Address: _____
Employer Phone # _____

Physician Information

Primary Care Physician: _____ Attending Physician _____

Phone Number _____

PLEASE LEAVE A COPY AT THE HOME



Amada Senior Care is committed to preventing the spread of COVID-19 and will do our best to ensure the safety of both our clients and caregivers. While we can not require COVID-19 vaccinations, we strongly encourage our caregivers to get vaccinated. Even with vaccination, our policy is that caregivers wear a mask while on shift, wash their hands often and undergo COVID-19 Universal Precautions training.

In the event of exposure- caregiver or client- we do follow the current CDC guidelines for quarantine which may result in a service interruption. These guidelines change as new information is presented to the CDC.

Amada Senior Care will notify the client or responsible party immediately in the event of exposure by a caregiver and we require the client or responsible party to notify Amada Senior Care if the client or anyone in contact with our caregivers are exposed to COVID-19.

Client Name: _____

Responsible Party: _____

Signature: _____ Date: _____

Amada Senior Care Representative: _____ Date: _____