

In addition, the management will provide the following optional services at the fee indicated below:

SERVICE	RESPONSIBLE PARTY (SIGNATURE)	FEE	DATE

INITIAL ALL THAT APPLY:

1. Consumer acknowledges that he/she has received a copy of the House Rules. _____
2. Consumer acknowledges that he/she has received a copy of the home's refund policy.

3. Consumer acknowledges that he/she has received a copy of the home's policies regarding transfers, emergency transfers, and discharge. _____
4. Consumer acknowledges that he/she will not be required to perform services for the home except as provided for in this agreement or in subsequent written agreement, and then only if the consumer volunteers or is compensated at or above prevailing rates. _____
5. Consumer does N/A does not N/A wish to receive the \$5.00 per week personal needs allowance. Consumer also acknowledges that he/she will be billed for the personal needs allowance if he/she elects to receive it. N/A
6. Consumer acknowledges that this agreement has been fully explained and a written signed copy given to the consumer and legal guardian or responsible party. _____
7. Consumer acknowledges that his/her agreement may be terminated by either party, only with a thirty (30) day written notice, except in the event that the consumer develops a communicable disease or a change in the condition of the consumer requires continuous medical or nursing care. _____

This agreement shall be effective _____ (date) and remains in effect until amended as agreed and signed by both parties.

	Personal Care Home /Community Living Arrangement	Consumer/Responsible Party
Signature		
Title		
Date		