

*Leonard E. Simmons
Senior Multi-Service Center*

Middleborough Council on Aging

*558 Plymouth Street
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(508) 946-2490
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“Good Times Club”

***An Adult
Supportive
Day
Program***

“GOOD TIMES CLUB” AGREEMENT

I hereby apply for participation in the Senior Supportive “Good Times Club” Program of the Middleboro Council on Aging for: _____.

In making this application, I understand and agree that:

1. The “Good Times Club” Program is designed to meet the needs of individuals who can benefit from supportive services such as group activities, recreation, exercise and companionship. It is not a medical program and is not appropriate for individuals with severe medical, psychological or emotional problems or persons requiring the administration of any medication or persons requiring the services of a registered or licensed practical nurse, home health aide, physical therapist or mental health professional.
2. Participants in the “Good Times Club” must be ambulatory or able to get about in a wheelchair, must be continent of bowel and bladder and essentially be able to take care of themselves. Participation in the program by a member who partially fails to meet these standards may be approved from time to time by the COA, in accordance with the individual circumstances of the member. Such approval will not constitute blanket approval for all persons in like or similar circumstances.
3. Participants and family members are encouraged to stay in close contact with COA staff and communicate immediately any problems they are experiencing in the program, changes in health status, etc. Staff of the COA will make themselves available upon request to counsel with participants and families regarding any issues which may arise.
4. The COA reserves the right to discontinue at any time and without prior notice the provision of “Good Times Club” services to any member whose health, psychological or emotional status changes to the point where it is believed that they can no longer benefit from the program or constitute a danger to themselves or others. In all instances where it appears that services may need to be discontinued, COA staff will contact the family as soon as possible to notify them of this possibility and to provide them with resource information regarding other available programs and services that may assist them.
5. Participants in the “Good Times Club” / Supportive Day Program or responsible family member / party agrees to pay the applicable Day Program rates listed on the Admission Agreement for attendance in Supportive Day Program.

The billing for a participant’s attendance in the program is mailed out at the beginning of the month for the previous month’s attendance. A timely response is appreciated. Payments are required within 30 days. If payment will be late, arrangements must be made with Linda Eatherton, Assistant to the Director.

This will ensure that the participant can continue their attendance in the program.

Signature of Responsible Family Member/Party

Date

ADMISSION AGREEMENT dated this _____ day of _____, 2009

by and between the Middleboro Council on Aging and _____
(printed name of responsible family member/party)
for admission to the Senior Supportive "Good Times Club".

1. The "Good Times Club" rates are established on a daily basis and payment must be made on a monthly basis.
The current rate is \$30.00 per full day and \$18.00 per half day.
2. The Program Van (GATRA) is available only to residents of Middleboro. Transportation by program van from other communities will be evaluated by the Director on a case by case basis.
3. Hours to be spent at the Center are between 8:45AM and 2:45PM Monday through Friday with family or individual assuming care at night and over weekends.
4. Provide properly labeled medications to be taken by the person during hours spent at the Center.
5. Physical examination of the person at least one month prior to admission to the program. Prior arrangement for on-going medical supervision by the family physician or specified alternate physician.
6. Understand that on-going involvement by the family is essential to the success of the program. Regular attendance in monthly "Caregiver Support Groups" will assist in handling problems which may arise.
7. Families will contact the Center the day before if possible, if the person will not be able to attend the program on that day.
8. Participation in the program is not unlimited and is contingent on progress and needs of the person and family.
9. The Middleboro Council on Aging is not responsible for any jewelry, money or other articles belonging to the participants.
10. The Middleboro Council on Aging, Day Program Director will provide support to family members and referrals to community agencies when appropriate.
11. The hot meal at noon will be provided. Morning and afternoon snacks will be offered.

Participant or Responsible Party

Executive Director
Andrea M. Priest

Date: _____

Susan Adams
Program Director

Middleborough Council on Aging

"The Good Times Club"

Adult Supportive Day Program

ADMISSION FORM

Today's Date: _____ Staff Person: _____

CLIENT INFORMATION

Participant's Name: _____ Sex: M F Birth date: _____

Address: _____
(Street) (Apt.)

_____ (Town) (State) (Zip)

Participant's Telephone: _____ Marital Status: S M W D Sep

Admission Date: _____ No. of scheduled Days Per Week: _____

Interview Date: _____ Starting Date: _____ Termination Date: _____ Trial Date: _____

Race (optional): _____

Religious Preference (optional): _____ Birthplace: _____

Referred by: _____

EMERGENCY CONTACT #1

Name: _____

Relationship: _____

Address : _____

Telephone #: _____

Cell Phone #: _____

EMERGENCY CONTACT #2

Name: _____

Relationship: _____

Address: _____

Telephone #: _____

Cell Phone #: _____

If any family members have been granted a court ordered guardianship, a copy of the legal document must be on file with the day program Director and only that guardian may sign permission and agreement notices.

ACTIVITIES OF DAILY LIVING: (Please rank left to right)

Nutrition- appetite, decisions for food choice, ability to handle utensils

Needs assistance 1 2 3 4 5 Independent

COMMENTS:

Hygiene- washing hands, using the bathroom

Needs assistance 1 2 3 4 5 Independent

COMMENTS:

Dressing- ability to dress oneself- coats, gloves, sweaters, boots and recognize these items

Needs assistance 1 2 3 4 5 Independent

COMMENTS:

Mobility - ability to stand from a sitting position, walk the distance from the Day Program to the lunch room, walking up van steps, using assistive devices

Needs assistance 1 2 3 4 5 Independent

COMMENTS:

Medication- Needs to be reminded to take medication during program hours YES ___ NO ___

MEDICAL INFORMATION:

Primary Physician: _____ Telephone: _____

Address: _____

Hospital Preference _____

Medical History:

Primary Diagnosis: _____

Other medical diagnosis: _____

Mental Illness: _____

Hearing Impaired Hearing Aid Visually Impaired Glasses

Cane Walker Wheelchair Prosthesis Dentures Other _____

Date of Most Recent Physical: _____

Certified Home Health Agency (VNA): Nurse () Frequency: _____

Home Health Aide: () Frequency: _____

Homemaker: () Frequency: _____

Other (describe): _____

Medical Visits (Indicate the date last seen by the following medical professionals.
If the exact date is unknown, enter the month and year.)

1. Consultant Physician (Type of Specialist) _____

2. Dentist _____

3. Podiatrist _____

4. Psychiatrist / Psychologist _____

5. Audiologist _____

6. Optometrist _____

Other (specify) _____

Medicare #: _____ Mass Health #: _____

Social Security #: _____

Other Health Insurance (specify): _____

What affiliation, if any, does the participant have with the department of Mental Health? :

Why is this person interested in the "Good Times Club" Senior Supportive Day Program?

Medical Problems or Concerns:

Weight

Height

Blood Pressure

Specific Diet / Food Allergies:

How well can the member follow instructions:

- Follows complex instructions.
- Follows simple instructions.
- Does not follow instructions.

REMINDER: "Good Times Club" members MUST BE CONTINENT of bowel and bladder. Program Staff are not supposed to toilet or change program members according to Massachusetts State Regulations for Senior Supportive Day Programs.

Transportation

How will the participant be transported to and from the "Good Times Club" Senior Supportive Day Program?

- Family Community Vehicle (GATRA)
- Other _____

PERMISSION TO PERFORM CPR:

I hereby give permission to the Middleboro Council on Aging / Senior Supportive Day Program, "Good Times Club" to perform CPR on _____

I do not give permission for CPR because a DNR is in place. I have attached the DNR document.

PERMISSION TO PHOTOGRAPH:

I hereby give permission to the Middleboro Council on Aging / Senior Supportive Day Program, "Good Times Club" to use my name and /or picture in any written article concerning the program.

DISPENSING OF MEDICATION:

The Middleboro Senior Supportive Day Program, the "Good Times Club" does not dispense medications. If club members are taking any medication during the day in the program, they must be able to accept responsibility for administering their own pills. This is standard practice for all Senior Supportive Day Programs so stated by Massachusetts' regulations.

As a member of the "Good Times Club", I am aware I will be responsible for my own medication.

IN CASE OF HOSPITALIZATION:

When a "Good Times Club" member has been in the hospital for a day or more, a signed medical update by the doctor must be sent to the Director of the program before a client can be considered for re-admission.

PERMISSION FOR OUTINGS WITH THE "GOOD TIMES CLUB"

I, _____, give my permission to the Middleboro Council on Aging to take _____ out of the facility for any outings with the "Good Times Club".

STORM POLICY FOR THE MULTI-SERVICE CENTER

When the Town Hall is closed due to inclement weather, All activities for that day at the Multi-Service Center will be cancelled. The COA will remain open on all other weekdays except holidays, but may cancel certain programs such as transportation and "The Good Times Club" Senior Supportive Program if the weather is poor.

If you are in doubt as whether your program is operating, please call the COA at (508) 946-2490 before coming to the center.

Signature of "Good Times Club" member or Responsible Party

DATE

Signature of "Good Times Club" Director, Susan Adams

DATE