

ADMISSION AGREEMENT

LIFE SKILLS TREATMENT PROGRAM, INC

Adult Day Care

215 MACNEIL ST

San Fernando, CA 91340

(818) 898 1926

NAME OF CONSUMER

Date of Admission:

CONSUMERS ACCEPTED INTO THE PROGRAM:

1. Disabling psychiatric disorder or behavioral condition that does not require 24-hour care.
2. The program serves adults 18 years and older.
3. The consumer must be medically stable and able to provide for the basic needs of self-care, including toileting and feeding themselves.

BASIC SERVICES:

1. Planned therapeutic and activity program
2. Continuous care and supervision during the program.
3. Proper storage of meals and drinks.
4. Transportation to and from Life Skills using Access Transportation Services or Life Skills Company van.

OPTIONAL SERVICES: No optional services will be offered.

PAYMENT PROVISIONS: The daily rate for basic services is \$183.00, payable monthly. Any change in the basic rate will be preceded by a 30-day written notice of the change. The North Los Angeles County Regional Center will pay the daily Rate.

REFUND POLICY: All services are provided in advance of payment. North Los Angeles County Regional Center is the exclusive payer of services. Any request for refund for services are to be directed to North Los Angeles County Regional Center.

RIGHTS OF THE LICENSING AGENCY: Community Care Licensing has the right to inspect and examine resident records under section 80044.

CONDITIONS OF TERMINATION:

1. Any behavior judged to be aggressive and a danger to self or others. This may include assault on others, destruction of property, and threatening others with harm, including bullying and taunting of clients or staff.
2. Refusal to participate in program activities and noncompliance with program rules are grounds for termination. This may include wandering away from the program unsupervised.
3. Unable to benefit or participate in the program due to intellectual or physical limitations.

The administrator may terminate a client without any advance notice. The program is not obligated to provide a 30-day notice of termination.

Consumer Signature _____ date

Conservator Signature _____ date

Licensee/Administrator Signature _____ date