



CONSENT FOR TREATMENT, FINANCIAL, AND RESIDENCY AGREEMENT

CLIENT NAME (Last. First. MI):

CONSENT TO RECEIVE SERVICES:

_____ hereby, authorize the service needs. I accept the proposed Care/Service Plan and authorize services to be provided by the Agency with supervision to be done by agency personnel. I recognize that I have the right to refuse treatment or terminate services at any time by notifying the agency office. Also, the Agency may terminate service by notifying me of termination and reason. I believe my service needs to be:

AUTHORIZATION FOR PAYMENT TO PROVIDER: I authorize any holder of medical or other information about me to release to any third party payers, any information needed for this or related claims. I request that payment as authorized be made on my behalf to the Agency if covered. This authorization and request shall apply starting the date of this agreement, until discontinued.

CHARGE FOR SERVICES: Your initial services from the Agency will be one of the following services below:

SERVICES	RATE/HR
Private Short Term Pay	17.50 - 27.00
Private Long Term Pay	8.50 - 17.50

**If payment is made through an insurance company Jacobs Home Care LLC will be listed as the Provider.*

CLIENT LIABILITY FOR PAYMENT: You have the right to be advised, before service is initiated of the extent to which payment for services may be expected from other sources and the extent to which payment may be required from you, the client. We are advising you, orally and in writing, about the cost of items and services to be provided. You must make the Services Payment on the 1st day of each month. As the client, you will be notified of any change in the charges for services provided as soon as possible, but no later than 30 days from the date that Jacobs Houses becomes aware of a change. You will be responsible for charges related to the services provided to you by this agency.

CONFIDENTIALITY: It is our policy to protect all clinical records against loss, defacement, tampering and use by unauthorized person(s). The client's written consent shall be required for the release of medical information to persons not otherwise authorized by law (federal and state) to receive this information. Authorized persons who may review the clinical record include physicians, third party payers and external and internal auditing personnel.

RELEASE OF RECORDS: I understand the agency policy with regard to confidentiality and release of records prohibits access to my records by persons other than personnel involved in service. I therefore give written consent for release of medical records to service providers involved in my service delivery.

DEPOSITS/ADDITIONAL FEES:

A. _____ non-refundable deposit is collected as an administrative/ bed hold charge to reserve a room for the resident move-in. Rooms will not be held for more than five (5) days of the non-refundable deposit unless the resident or resident's representative begins paying the monthly fee to secure the room past the five (5) day bed hold date.

B. Jacob's Houses, does not collect a security deposit, upon admission, to cover damages (if any) made by the resident to the facility. However, Residents and their representatives are held liable and will be charged for any damages made by the resident to Jacobs Houses, excluding normal wear and tear. The resident/representative is liable for any fees or charges incurred by resident including fees documented from non-compliance with the residency agreement.

C. If client passes away under the care of Jacobs Houses, there will be an additional \$500 cleaning/disinfectant fee applied to the final invoice.

REFUNDS:

Jacob's Houses, has a no refund policy for any "unused" days of occupancy from any monies collected for the monthly rate unless:

1. The Facility is not authorized or unable to provide level of services required or needed by the resident
2. The Resident or representative terminated residency because services were not provided to the resident according to the resident's service plan; Refunds will be issued based on pro-rated calculation of the monthly rate divided by the average of 30.5 days (per month) then multiplied as a daily rate by the number of any unused days remaining of any pre-paid monthly rate beginning the date of vacancy and issued within 30 days of last day of occupancy.

**The Initial Deposit will only be refunded if the resident/representative meets the requirement set forth in the contract and is not:

1. Late on monthly payment
2. Full monthly agreed amount is paid and honored
3. Jacob's Houses is given a 30 day notice as to the other last day of resident occupancy.

PROVISIONS OF SERVICE:

Jacob's Houses will provide:

- A pleasant semiprivate or private room
- 3 meals and 2 snacks a day if need it.
- Daily housekeeping
- Linen and towels
- Laundry
- Showers
- 24-hour care
- Medication Management

SIGNATORIES :

CLIENT OR AUTHORIZED AGENT SIGNATURE

RELATIONSHIP TO CLIENT

DATE

AGENCY REPRESENTATIVE SIGNATURE

TITLE

DATE