



## Enrichment Day Program

Thank you for your interest in the Dementia Enrichment Center's Day Program! Our program provides stimulating activities, social interactions, and supportive care in a comfortable, secure environment.

To attend Enrichment, please complete the following steps.

- Submit the Application for Enrollment. All sections of the application must be completed.
- Submit the registration fee via check made payable to Dementia Enrichment Center.
- Schedule a meet-and-greet with the Director and the person with dementia. The meet-and-greet can take place at the Dementia Enrichment Center, or the Director is available to meet the participant in his/her home. During this visit, the Director will determine if the applicant presents as a candidate for the day program. (If the Director determines applicant is not a fit for the program, the registration fee will be returned.)
- Arrange Participant's schedule with Enrichment Club Director and prepare to attend.
  - Please send an extra set of clothing to be kept at the Dementia Enrichment Center for use in case of accidents or spills. Please label all articles with the participant's name.
  - If the participant uses incontinence products, please provide an adequate supply of products and wipes for use while they are at the Center. Please clearly label packages/items.

**Please contact us if you have any questions or need assistance.**



# Participant Criteria

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## Potential participants should be:

1. Diagnosed with Alzheimer's Disease or another dementia, and/or exhibit signs of memory loss or cognitive decline which require mild-moderate assistance and/or supervision.
2. Willing to attend the program and participate in and benefit from scheduled activities.
3. Able to function within a structured setting around other people with any displayed behaviors being manageable in our environment.
4. Able to follow basic directions and be able to make needs understood.
5. Able to ambulate independently or with the assistance of a wheelchair or walker, and able to safely assist with transfers.
6. Able to eat independently or with cueing and assistance the regular diet provided by the Center, or available modified diet to meet Participant's dietary limitations and/or food allergies.
7. Redirectable in his/her wandering and willing to remain in the secure area.
8. Able to use the bathroom independently or may have incontinence that is controlled by consistently and appropriately using protective undergarments. In such cases, the staff will assist with incontinence care as needed to include toileting reminders, assistance with changing protective undergarments, and adequate hygiene to prevent odor.
9. Free of health issues that are outside the scope of care provided in our setting or requiring acute medical intervention on an on-going basis.

## Persons who may not be eligible for admission include persons who:

1. Do not fit in with our clientele of persons living with dementia.
2. Have skilled medical needs unable to be cared for by our staff.
3. Are unable to participate in mealtimes.
4. Are under the influence of or habitually addicted to alcohol and drugs and, due to the addiction are disruptive in a group setting.
5. Require a 2-person assist to transfer from wheelchair to chair and/or to/from toilet.
6. Require ongoing, extensive assistance with bladder or bowel incontinence, are combative or refuse needed assistance with toileting, or refuse to wear needed protective undergarments.
7. Any person who poses a serious threat to the health, safety, or well-being of the other participants or staff at the program.

*I have read and understand the criteria for admission to the Enrichment Day Program and verify the applicant meets these criteria.*

Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about the Dementia Enrichment Center? \_\_\_\_\_

Program selection (check all that apply):

- Mid-Week Enrichment Club (T/W/Th, 11am-3pm)
- Flexible Enrichment (select your days and times, M-F, 8am-5pm)
- Unsure

# Profile

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## PARTICIPANT

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## CONTACTS

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*(invoices will be sent to this email address, unless otherwise noted)*

Secondary Contact #1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Secondary Contact #2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

### Other parties permitted to pick-up Participant from the Dementia Enrichment Center:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION

Primary Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the participant been diagnosed with dementia?

No  Yes, By whom? \_\_\_\_\_ When? \_\_\_\_\_

Does Applicant have an Out-of-Hospital DNR?  Yes *(please attach)*  No

Allergies: \_\_\_\_\_

Dietary needs/limitations: \_\_\_\_\_

Significant physical or mental health conditions/history:

\_\_\_\_\_

## SOCIAL HISTORY

Participant currently lives:  Alone  w/Spouse  w/Spouse

w/Sibling  w/Child(ren)  Other: \_\_\_\_\_

Relationship status:  Single  Married/Partnered  Separated/Divorced

w/Sibling  w/Child(ren)  Other: \_\_\_\_\_

Important people in Participant's life/past (parents, siblings, spouse/s, children, etc.):

\_\_\_\_\_

\_\_\_\_\_

Important places in Participant's life/past (hometown, college/university, long-time employer, etc.):

Armed Forces service (branch, rank, years of service, medals, duty stations, etc.):

Meaningful groups, clubs, memberships in Participant's life/past: \_\_\_\_\_

Memorable events, accomplishments, activities: \_\_\_\_\_

Hobbies or interests: \_\_\_\_\_

Specific dislikes or fears: \_\_\_\_\_

Topics/things that may be upsetting: \_\_\_\_\_

Other information to share about Participant: \_\_\_\_\_

## FUNCTIONAL SNAPSHOT

### Toileting

- |   |  |
|---|--|
| <input type="checkbox"/> Takes self to bathroom/no accidents        | <input type="checkbox"/> Occasional accidents        |
| <input type="checkbox"/> Requires cueing and/or physical assistance | <input type="checkbox"/> Uses disposable briefs/pads |
| <input type="checkbox"/> Refuses needed assistance                  |  |
| <input type="checkbox"/> Bladder incontinence                       | <input type="checkbox"/> Bowel incontinence          |

### Mobility

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Independent                        | <input type="checkbox"/> Needs assistance                    | <input type="checkbox"/> Unsteadiness/Dizziness |
| <input type="checkbox"/> Requires assistance with transfers | <input type="checkbox"/> Uses wheelchair                     | <input type="checkbox"/> Uses walker/cane       |
| <input type="checkbox"/> Refuses needed assistance          | <input type="checkbox"/> Has fallen within the last 6 months |   |

### Eating

- |   |   |
|---|---|
| <input type="checkbox"/> Feeds self with utensils     | <input type="checkbox"/> Feeds self with fingers            |
| <input type="checkbox"/> Requires hands-on assistance | <input type="checkbox"/> Problems chewing and/or swallowing |
| <input type="checkbox"/> Refuses needed assistance    | <input type="checkbox"/> Other _____                        |

### Assistive Devices

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Wears glasses  | <input type="checkbox"/> Wears dentures       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing impaired   | <input type="checkbox"/> Wears hearing aid(s) | <input type="checkbox"/> None        |
| <input type="checkbox"/> Needs/has assistive device(s) but does not use/wear them |   |                                      |

### Behaviors Participant has demonstrated in the last 2 months:

- |                                   |  |   |                                 |
|-----------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> Swearing | <input type="checkbox"/> Screaming           | <input type="checkbox"/> Throwing things          | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Pushing  | <input type="checkbox"/> Hitting or slapping | <input type="checkbox"/> Hallucinations/Delusions | <input type="checkbox"/> None   |

Has been known to wander from home or leave a secure area?  Yes  No

# Terms of Participation

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## PROGRAM HOURS AND CLOSURES

- Mid-Week Enrichment Club meets Tuesday, Wednesday, Thursday, 11am - 3pm
- Flexible Enrichment is available Monday-Friday, 8am - 5pm.
- Dementia Enrichment Center is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
- In the case of bad weather, Enrichment Club will follow the closures of the Belton ISD. If BISD has a "late start schedule" Dementia Enrichment Center will open at 10am. Closures/delays will be posted on our Facebook page.

## PARTICIPANT FEES & SCHEDULING

### All Programs

- There is an \$80 one-time, non-refundable registration fee. An invoice for this fee will be issued via email after the Meet-and-Greet is complete and participant is deemed appropriate for the program.
- The participant must attend a minimum of three days per month to remain active in the program. Reactivating enrollment may require a \$50 reactivation fee.
- An additional fee of \$10-15/day may be charged for participants who require extensive incontinence assistance.
- Failure to comply with this payment arrangement will result in termination from the program unless other acceptable arrangements are made with the Director.
- Participant fees are subject to change upon thirty days' notice.

### Mid-Week Enrichment Club (T/W/Th)

- The fee for participation is \$150 per week.
- Mid-Week Enrichment is a 3-days/week program. Credits will not be made for absences.
- Reservations for Mid-Week Enrichment should be made by Wednesday of the week prior to attending. This will help us ensure we can maintain a high-quality of care and appropriate staffing ratios.
- To make a reservation with shorter notice, please communicate with the Director as soon as possible. We will make every effort to accommodate requests as staffing and space availability allows.
- Reservation priority will be given to participants who regularly attend the program.
- A late fee of \$5.00 for the first 15 minutes and \$1 for every additional minute will be assessed for any participant picked up after 3pm.

### Flexible Enrichment

- The fee for participation is \$100/day. Participants who attend at least three (3) days in a week receive a 10% discount and will be billed \$90 per day for that week.
- Upon admission, the participant/responsible party selects the number of days per week the participant will attend and be subsequently billed.
- We encourage the participant/responsible party to establish a schedule for which days the participant will regularly attend. This schedule secures a spot for the participant on those set days regardless of other reservations that may come in.

- We strive to offer flexible scheduling. Should there need to be a deviation from the regular attendance schedule, please inform the Director by Wednesday of the week prior to the change. This will help us ensure we can maintain a high-quality of care and appropriate staffing ratios.
- If a schedule change is needed with shorter notice, please communicate with the Director as soon as possible. We will make every effort to accommodate requests as staffing and space availability allows.
- If the Director is not notified of needed schedule changes and the participant is a “no call, no show” on a scheduled day, the responsible party will be charged \$50 for that day. This charge will not apply in the case of documented emergency hospitalization.
- A late fee of \$5.00 for the first 15 minutes and \$1 for every additional minute will be assessed for any member picked up after 5pm.

## **BILLING AND PAYMENT**

- The daily participation fee will be billed via email bi-weekly on Friday in arrears for days attended during the 2-week period ending on the billing date.
- Payment may be made via check made payable to Dementia Enrichment Center, or through ACH (bank transfer) payment. To pay via ACH, please follow instructions provided to create an account in the payment portal, allowing payors to securely save banking information and access invoices.
- Any returned checks or non-funded ACH debits will be charged a fee of \$35.00 per occurrence.
- Invoices must be paid in full within 3 days the invoice date. Accounts not paid within 3 days of sending are delinquent and will be charged an additional \$3.00 per-day late fee until the balance is paid in full. Responsible Party understands that continuing delinquency is a ground for discontinuation of services and/or discharge.
- No accounts will be allowed to be delinquent for more than 30 days. If the Dementia Enrichment Center incurs any attorney fees to collect unpaid balances owed by Participant, then Participant shall be liable for the Dementia Enrichment Center’s reasonable attorney fees and collection costs in addition to the amounts owed for services provided.

## **MEDICATION POLICY**

- Dementia Enrichment Center does not administer medications. If the participant requires medication while at Dementia Enrichment Center, he/she may bring a daily dose of medication(s) to be taken.
  1. Medication must be clearly marked with Participant’s first and last name.
  2. Liquid medication must be in a pre-filled, pre-measured syringe.
  3. Each dose must be in a separate container or bag.
- Dementia Enrichment Center staff provide medication reminders and access to the medication(s) as directed by Responsible Party.
- Dementia Enrichment Center staff are not legally permitted to and will not assist Participant in the ingestion, inhalation, injection, or other means of administering medication. Dementia Enrichment Center staff will not attempt to mask medication.
- Dementia Enrichment Center staff will encourage Participant to take medication for a period of time deemed reasonable by staff. The decision to take or not to take medication is entirely that of the Participant, and Participant’s decision will be honored by staff.

## **SICK POLICY**

- Anyone with known or suspected communicable illness should not attend the day program until the illness has passed.
- If a participant is showing signs/symptoms of illness, the Director will determine the participant is safe/appropriate to be at the day program or if they need to leave for the day. If the participant is deemed to be sick and needs to leave the day program, the daily cost for attendance for that day is still billed to the participant's account.
- To return to the day program after illness, a participant must have a physician's note stating they are cleared to return, or the participant may return after being symptom-free for 24 hours.
- We make every effort to minimize the spread of illness at the Dementia Enrichment Center. We recommend that all participants have up-to-date vaccines for the flu, Covid, and pneumonia. These vaccines are available through healthcare providers, local pharmacies, and Bell County Health Department.

## **PERSONAL ITEMS**

- The following items are not allowed at Dementia Enrichment Center: valuables such as jewelry, electronics, or heirlooms; cash or other forms of money; knives, firearms, or any other weapon; cigarettes, cigars, tobacco products, vaping or electronic cigarette devices.
- We strongly discourage participants from bringing cell phones to the Center as they can create a distraction and interfere with a participant's willingness to engage.
- Dementia Enrichment Center is not responsible for loss or damage to personal items.

## **PARTICIPANT CARE**

- Dementia Enrichment Center Enrichment Club is a supportive service for people with mild to moderate dementia. Our day program provides supervised social, therapeutic, and recreational services; breakfast, lunch, and snack daily when in attendance; and assistance with the activities of daily living. Dementia Enrichment Center does not provide health or medical care.
- Not all persons with Alzheimer's/dementia are suitable for our program. Participants must be able to benefit from the program, engage in activities, and function in a group setting. We are unable to provide services to individuals who require continuous 1:1 support, are unable to safely and comfortably orient to the present, and/or exhibit extreme distress behaviors.
- In the event of a medical emergency, Enrichment Club staff will contact the responsible party to transfer or call "911" for ambulance transfer. Any advance directive paperwork will be given to the emergency responders. Dementia Enrichment Center is not responsible for any costs incurred for emergency transportation, treatment, or care resulting from accident or illness.

## **INDEPENDENT PROVIDERS, EDUCATION, AND RESEARCH**

- Professionals and non-employee providers, including those whose services are arranged for by Dementia Enrichment Center, are independent contractors and are not employees or agents of Dementia Enrichment Center. Dementia Enrichment Center is not responsible for their acts or omissions or for any consequences stemming from following independent provider's orders. Participant, Responsible Party, and their heirs and assigns, hereby agree to release and hold harmless Dementia Enrichment Center from any and all suits, actions, losses, damages, claims, and liability of any character, type or description, including any expenses of litigation, court costs, or attorney's fees, arising out of or related in any way to the acts or omissions of outside professionals and non-employee service providers.



- Dementia Enrichment Center prides itself as a training community for students learning how to care for, assist, and enhance the lives of people living with dementia and caregivers. Responsible Party hereby acknowledges and understands that Dementia Enrichment Center is involved in education and research programs. Responsible Party hereby consents for Participant to engage with students for academic and research purposes.

**DISCHARGE POLICY**

- If the participant requires a level of care that exceeds the services provided by Dementia Enrichment Center, the responsible party will be informed of participant’s discharge. Unless a situation arises where the health and safety of the participant or other participants is at risk, a 2-week notice of discharge will be given to allow the participant/responsible party to make a new care arrangement. Responsible Party agrees to accept the recommendation for discharge.
- Dementia Enrichment Center may discharge the participant at any time with no advance written notice when:
  1. In the sole opinion of Dementia Enrichment Center, immediate transfer or discharge is medically necessary to adequately meet Participant’s needs; or
  2. In the sole opinion of Dementia Enrichment Center, Participant presents a threat to the health and safety of himself or herself or other individuals working in, employed by, or visiting at Dementia Enrichment Center.

*I have read and understand the Dementia Enrichment Center’s TERMS OF PARTICIPATION and agree to abide by the conditions set forth herein.*

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Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography Consent**

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Dementia Enrichment Center appreciates permission for photography, filming, audio recording and/or other means of capturing the participant's and responsible party's image or voice and/or being quoted for the use in research activities (staff or vendors), external teaching, marketing, social media, and advertising.

By granting photography consent, you waive any right to compensation for such uses by reason of the foregoing authorization. You and your successors or assigns hereby hold Dementia Enrichment Center and its personnel and affiliated programs harmless from any and all liability which may or could arise from activities authorized by this agreement. You understand this authorization may be rescinded in writing. Additionally, you agree not to take pictures of other residents, even if they are in the background.

I  do  do not give my consent for photography and agree to the terms stated above.

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Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release of Liability

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- Responsible Party believes that it is in Participant's best interest to be placed in a secured environment within Dementia Enrichment Center for Participant's own safety, and hereby gives his/her consent for Participant to be placed in a secured environment within Dementia Enrichment Center.
- Responsible Party hereby acknowledges and agrees that he/she will be held responsible and liable for any damage to Dementia Enrichment Center, Dementia Enrichment Center's property, or the property of other Participants of Dementia Enrichment Center, if such damage is due to behavior or actions or inactions of Participant or Responsible Party. Participant, Responsible Party, and their heirs and assigns, shall indemnify and hold Dementia Enrichment Center harmless from any and all claims, suits, and actions asserted against Dementia Enrichment Center relating to damage or injury to property or a person, including Dementia Enrichment Center, caused by Participant or Responsible Party. Responsible Party understands that Dementia Enrichment Center is liable for injuries to Participant or Participant's property only insofar as those injuries are caused by negligent or intentional wrongful acts or omissions of Dementia Enrichment Center and recoverable by law.
- Due to the cognitive impairment of the Participants, Dementia Enrichment Center cannot be held responsible for any damage or loss to Participant items of any monetary or sentimental value. Dementia Enrichment Center is not responsible for any valuables or money left in the care of the Participant and will not replace lost items or money.
- Dementia Enrichment Center shall not be liable or responsible for the loss or destruction of any personal property belonging to Participant or Responsible Party due to theft or any cause beyond the immediate control of Dementia Enrichment Center. Participant and Responsible Party shall bear responsibility over their personal property brought to Dementia Enrichment Center.
- Responsible Party understands and agrees that Dementia Enrichment Center is liable for injuries only insofar as they are caused by negligent or intentional wrongful acts or omissions of Dementia Enrichment Center and recoverable by law. Participant, Responsible Party, and their heirs and assigns shall indemnify and hold Dementia Enrichment Center harmless from any and all claims, suits, and actions brought against Dementia Enrichment Center relating to damage or injury to property or a person, including Dementia Enrichment Center, caused by Participant or Responsible Party.

*I have read and understand the Dementia Enrichment Center's RELEASE OF LIABILITY.*

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Responsible Party Signature

Date