

9251 W. FM 436 Belton, TX 76513 (254) 448-0321 Dementiaec.com

## **DROP-IN REGISTRATION**

## **Drop-In Participant Criteria**

#### 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.
- 6. Able to eat independently the regular diet provided by the Center.
- 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.
- 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 not eligible for drop-in 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. Exhibit aggressive or disruptive behaviors such as swearing, screaming, throwing things, biting, pushing, hitting or slapping, hallucinations/delusions, or anxiousness.
- 4. Require assistance to transfer from wheelchair to chair, to/from toilet, or managing incontinence care.
- 5. Are under the influence of or habitually addicted to alcohol and drugs and, due to the addiction are disruptive in a group setting.
- 6. 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.

# Profile

| Participant Name:   | Preferred Name: |
|---|-----------------|
| Address:  |                 |
| Birth Date: Age:  | Gender:         |
| Primary Physician Name:                                   | Phone:          |
| Has the participant been diagnosed with dem               | entia?          |
| $\Box$ No $\Box$ Yes, By whom?                            | When?           |
| Allergies:  |                 |
| Dietary needs/limitations:                                |                 |
| Significant physical or mental health conditions/history: |                 |
| How did you hear about the Dementia Enrichment Center?    |                 |
| Primary Contact Name:                                     | Relationship:   |
| Address:  |                 |
| Phone: Email:   |                 |
| Secondary Contact #1:                                     | Phone(s):       |
|   | Phone(s):       |

## **Terms of Participation**

### **DROP-IN FEES**

- There is \$80 one-time, non-refundable registration fee due when the registration is submitted.
- The hourly rate is \$15/hour, rounded to the nearest 15-minute increment.
- Mid-morning and afternoon snacks are included in the hourly rate.
- Optional breakfast is served 8-9am, and may be purchased for \$5.
- Lunch is served around noon daily. If the participant is at the Dementia Enrichment Center during this time, he/she will be served lunch and billed \$5. For the safety of participants and to comply with health codes, outside food is not permitted.
- A late fee of \$5 for the first 15 minutes and \$1 for every additional minute will be assessed for any participant picked up after 5pm.
- Payment is due at time of pick-up.
- Payment may be made via check or debit/credit card.
- A \$50 returned check fee will be assessed.
- Failure to comply with this payment arrangement will result in termination from the program.
- Fees are subject to change upon thirty days' notice.

### RESERVATIONS

- Drop-in is a "space available" program. Reservations are recommended.
- Reservations may be made one to 30 days in advance by calling the Dementia Enrichment Center at 254-448-0321 and speaking with the Director. <u>Reservations may not be made with staff</u> <u>members.</u>
- Please call the Dementia Enrichment Center to arrange same-day drop-in. Do not arrive at the Center without first verifying availability.
- Reservations do not require a deposit, however, if reservations are made and not kept, non-refundable pre-payment may be required for future reservations.

## HOURS AND CLOSURES

- Dementia Enrichment Center is open 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 the day following, and Christmas Day.
- In the case of bad weather, the Dementia Enrichment Center will follow closures of Belton ISD. In the event of a delayed start by BISD, Dementia Enrichment Center will open at 10am. Closures and delays will be posted on our Facebook page.

## **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.
  - Medication must be clearly marked with Participant's first and last name.
  - Liquid medication must be in a pre-filled, pre-measured syringe.

- 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, payment for services rendered are due at time of pick-up.
- 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 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. Drop-in 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 1) require continuous 1:1 support; 2) are unable to safely and comfortably orient to the present; 3) are aggressive, disruptive, or exhibit behaviors such as swearing, screaming, throwing things, biting, pushing, hitting or slapping,

hallucinations/delusions, or anxiousness; or 4) require assistance to transfer or managing incontinence care.

- Should the Participant require assistance that exceeds the services of this program, or if
  Participant presents a threat to the health and safety to self and/or others, the responsible party
  will be contacted and required to retrieve Participant immediately. Payment for services provided
  will be due upon pick-up.
- In the event of a medical emergency, Enrichment Club staff will contact the responsible party to transfer or call "911" for ambulance transfer. 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.

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

Responsible Party Signature

Date

## **Release of Liability**

- 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, 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.

Responsible Party Signature

Date

# **Photography Consent**

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  $\Box$  do not give my consent for photography and agree to the terms stated above.

Responsible Party Signature

Date