

APPLICATION FORM

McCOY ADULT DAY CARE CENTER
730 - EIGHTH AVENUE WEST, SUITE 102
BIRMINGHAM, AL 35204
(205) 251-2178

FOR OFFICE
USE ONLY

Date enrolled: _____

Score: _____ Fee: \$ _____

CLIENT NAME: _____ BIRTH DATE: _____ AGE: _____

SEX: M F HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____ RACE: _____

RESPONSIBLE PARTY: _____ RELATIONSHIP: _____

CELL#: _____ HOME #: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CLIENT LIVES WITH: _____ RELATIONSHIP: _____ CELL#: _____

ADDRESS: _____ CITY: _____ ZIP: _____

IMPAIRMENT NECESSITATING DAY CARE (i.e. Alzheimer, confusion, stroke, diabetes): _____

Though the Center does not provide medical care, the information requested is useful and necessary for providing the best care for each client. For example: if a client has difficulty swallowing, the Center can use that information to assist the client better.

CIRCLE ALL CONDITIONS THAT APPLY

- | | | |
|-----------------------------|-------------------------|---------------------|
| Alzheimer's / Dementia | Glasses | High Blood Pressure |
| Anxiety/Depression | Arthritis | High Cholesterol |
| Confusion | Asthma | HIV / AIDS |
| Stroke | Bladder/Kidney problems | Mental Illness |
| Mobility problems | COPD | MS / MD |
| Walker / Cane / Wheelchair | Dermatitis | Pace maker |
| Swallowing problems/choking | Diabetes | Parkinson's |
| Eating problems / disorder | Emphysema | Seizures / Epilepsy |
| Dentures | Heart condition | OTHER: _____ |
| Hearing Aids | Heart issues | _____ |

ALLERGIES (include food & medications and what happens when taken): _____

MEDICATIONS TAKEN REGULARLY AND REASON: _____

PERSONS TO BE REACHED IN CASE OF EMERGENCY

These are also persons approved to pick up client and for **ONE CALL**. (One Call is an Automated phone system used to inform caregivers of alerts, closings and other important daycare information)

FIRST: _____ Relationship: _____
Cell # _____ Home #: _____ Work # _____
EMAIL: _____

SECOND: _____ Relationship: _____
Cell # _____ Home #: _____ Work # _____
EMAIL: _____

THIRD: _____ Relationship: _____
Cell # _____ Home #: _____ Work # _____
EMAIL: _____

FOURTH: _____ Relationship: _____
Cell # _____ Home #: _____ Work # _____
EMAIL: _____

HOSPITAL PREFERENCE: _____

PHYSICIAN'S NAME: _____ PHONE: _____

SOURCE OF MEDICAL CARE PAYMENT: (Optional: having this helps in emergencies)

MEDICARE # _____ EFFECTIVE DATE: _____

MEDICAID # _____ EFFECTIVE DATE: _____

OTHER: _____ NUMBER: _____

CHURCH PREFERENCE: _____ MEMBER: _____

McCOY ADULT DAY CARE CENTER
730 - Eighth Avenue, West Suite 102 - Birmingham, AL 35204
(205) 251-2178

CLIENT'S AGREEMENT

Please read the following agreement very carefully before signing.

This financial agreement is binding, and reductions will not be made to the agreed-upon fees in the case of client absence, whether because of illness, holiday, emergency closure, or other events, planned or unplanned. This policy is necessary because provisions are made in accordance with the number of guaranteed enrolled clients expected for each day. These costs cannot be erased or absorbed in cases of client absence.

AGREEMENT

DAILY FEE

The daily fee will be determined by the client's level of necessary care as reflected by the score on the Client Assessment Tool. The Assessment will be reviewed with the responsible party by the Director upon enrollment, after 2-week probationary period and reassessed every 6 months.

PAYMENT PROCEDURE

The responsible party will sign the client up for guaranteed enrollment as a full-time (5 days) or part-time (certain number of days requested) client. The responsible party is responsible for payment.

Payment will be made on the first day of each week for the assessed daily fee times the number of contract days **with no deductions for absence, Holidays or emergency closure.** Part-time clients will be billed for extra days of attendance. Payment may be made on a monthly basis when prearranged with the Director. If payment is two (2) weeks overdue after the statement is received, the client will be unable to attend until the account is brought up to date. Payment methods: we accept cash, check and money order & PayPal. For credit cards, debit cards and PayPal there will be a convenience fee charge.

1. I would like guarantee enrollment for _____ (client) as a:

_____ Full -time client - five (5) days per week

_____ Part-time client - days requested for guaranteed enrollment are

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ **(initial)** I understand I am responsible for paying for these contract days even when absent. (see above)

X - Responsible Party's Signature: _____ **Date:** _____

2. I have read and agree with the Client Agreement (pages 3-4) and Policies & Procedures Agreement (pages 7-9).

X - Responsible Party's Signature: _____ **Date:** _____

3. Should the Director of the McCoy Adult Day Care determine that enrollment in the Day Care's program is not in the client's best interest or the responsible party has not fully carried out this Agreement or the responsibilities under the Policies and Procedures Agreement, the client will be withdrawn after two (2) weeks notice.

X - Responsible Party's Signature: _____ **Date:** _____



ADULT DAY CARE

McCoy Adult Day Care Center

730 – 8th Avenue West, Suite 102

Birmingham, AL 35204

Phone: (205) 251-2178

Web page: McCoyAdultDayCare.com

May 24, 2022

Effective June 1, 2022

Upon registering participating will select contract days of either full time or select days between Monday-Friday. Participants are expected to communicate absences. Participants will be charged for contract days unless approval is granted by the Executive Director.

Participant Fee

- \$40 enrollment fee
- Sliding Fee Scale

Payment Details

- Invoices are sent via email from FreshBooks for the previous month. Please ensure the daycare has a valid email for your family.
- Payments are submitted by check, cash or credit card via FreshBooks. For credit card payments a processing fee will be added to the payment.

Scholarships

Scholarships are available from Alzheimer's of Central Alabama.

Sincerely,

Lauren Goodman, MPA

Executive Director

McCoy Adult Day Care

*Taking Care of their Life so you can take care of Yours!
A Program of the United Methodist Center for Senior Citizens*

FreshBooks

Client Name: _____

Name of Family Member Responsible for Payment:

Email Address for Invoicing:

Payment Schedule: Please determine which frequency you will utilize to pay statements.

MONTHLY

WEEKLY

Does the client receive a scholarship from ACA: **YES** or **NO**

Please let me know if you would like to receive a paper statement.

4. I understand the Center is not a medical facility and that it will not provide medical or nursing services. Should _____ (client), become ill or suffer an accident of any nature while he/she is in the care of the McCoy Adult Day Care, the Center shall undertake to contact me immediately. The Center shall be authorized to secure such medical attention, treatment and service for the above named person as may be deemed necessary.

Any qualified person providing such required medical attention, treatment or services may accept such consent as if given by the responsible party in person. The responsible party agrees to assume responsibility for payment of all medical costs incurred.

Client and responsible party shall hold McCoy Adult Day Care harmless for any illness or accident suffered by client while in care of the McCoy Adult Day Care.

X - Responsible Party's Signature: _____ Date: _____

5. I have Power of Attorney and have provided a copy to be on file at the Center.

X - Responsible Party's Signature: _____ Date: _____

6. My loved one has a DNR: _____ YES _____ NO
If yes, I have provided a copy to be on file at the Center. _____ YES _____ NO

X - Responsible Party's Signature: _____ Date: _____

7. **Consent to be photographed:** The McCoy Adult Day Care Center has my permission to take pictures of this client. I understand these pictures will **ONLY** be used as a public relations tool to share about this ministry. (i.e. - social media, brochures, etc.) The client will not be portrayed in a demeaning situation at any time and neither name nor personal information will be used in any way.

X - Responsible Party's Signature: _____ Date: _____

8. **Consent for Health Screening:** I give permission for this client to receive periodic health screenings such as blood pressure, blood sugar, etc.

X - Responsible Party's Signature: _____ Date: _____

9. **Consent to receive communion:** I give permission for this client to participate in the sacrament of Holy Communion while at the Center. (In the United Methodist Church, the communion table is open to all.)

X - Responsible Party's Signature: _____ Date: _____

Special arrangements between responsible party and McCoy Adult Day Care may be necessary. These must be written out, initialed and dated by the responsible party and Director. _____

Responsible party's initials: _____ Director's initials: _____

**McCOY ADULT DAY CARE CENTER
CLIENT ASSESSMENT TOOL**

Client's Name _____ **Date of This Assessment** _____

PART 1: FUNCTIONAL ASSESSMENT

- | | | | | | | |
|----|--|---|---|---|--------------------------------------|---|
| 1. | How well is the client able to eat? | 0 | 1 | 2 | 3 | 4 |
| | Complete Independence | Can do with Supervision | Minimal Assistance | Moderate Assistance | Total Assistance | |
| 2. | How well can the client move around? | 0 | 1 | 2 | 3 | 4 |
| | Can do with Supervision | Uses Walker, Cane Or Wheelchair | Requires some Assistance And moves slowly | Requires moderate Assistance and staff time | Total Assistance and Much staff time | |
| 3. | How well can the client sit/stand from a chair, wheelchair or handicap-accessible toilet? | 0 | 1 | 2 | 3 | 4 |
| | Complete Independence | Can do with Supervision | Minimal Assistance | Moderate Assistance | Total Assistance | |
| 4. | How well does the client control his/her bladder? | 0 | 1 | 2 | 3 | 4 |
| | Always | Rare Accidents | Occasional Accidents | Frequent Accidents | Incontinent | |
| 5. | How well does the client control his/her bowels? | 0 | 1 | 2 | 3 | 4 |
| | Always | Rare Accidents | Occasional Accidents | Frequent Accidents | Incontinent | |
| 6. | How well can the client clean themselves and pull up their own pants after using the bathroom? | 0 | 1 | 2 | 3 | 4 |
| | Can do with Supervision | Requires some Assistance And moves slowly | Requires moderate Assistance and staff time | Requires Considerable Assistance and staff time | Requires Total Assistance | |
| 7. | How well does the client understand communication from others? | 0 | 1 | 2 | 3 | 4 |
| | Always Understands | | Sometimes Understands | | Cannot Understand | |
| 8. | How well does the client express him/herself? | 0 | 1 | 2 | 3 | 4 |
| | Always Clear | Occasionally Unclear Or Confused | Sometimes Unclear Or Confused | Moderately Unclear Or Confused | Cannot Express Themselves | |

Total for Assessment Part 1 = _____ points.

PART 2: VISION/HEARING ASSESSMENT

- | | | | | | | |
|----|-----------------------------------|---|---|-----------|---|--------------|
| 1. | How good is the client's vision? | 0 | 1 | 2 | 3 | 4 |
| | Good with/without correction | | | About 50% | | 100% deficit |
| 2. | How good is the client's hearing? | 0 | 1 | 2 | 3 | 4 |
| | Good with/without hearing aid | | | About 50% | | 100% deficit |

Total for Assessment Part 2 = _____ points.

Please circle the appropriate rating for each question.

**McCOY ADULT DAY CARE CENTER
CLIENT ASSESSMENT TOOL**

PART 3: BEHAVIORAL ASSESSMENT

1. The client is disruptive, shows inappropriate behavior, or excess demand for attention despite staff interventions:
 0 1 2 3 4
 Never At least once a Month At least once a Week At least once a Day Multiple Times a Day
2. The client shows aggressive, angry or threatening behaviors despite staff interventions:
 0 1 2 3 4
 Never At least once a Month At least once a Week At least once a Day Multiple Times a Day
3. The client wanders off despite staff interventions:
 0 1 2 3 4
 Never At least once a Month At least once a Week At least once a Day Multiple Times a Day
4. The client complies with directions given by staff:
 0 1 2 3 4
 Always Almost Always Complies for a moment Sometimes Frequently
 Compliant Compliant then forgets Noncompliant Noncompliant

Total for Assessment Part 3 _____ **x 3 =** _____ **points.**

Date Last Assessed: _____

Total Points from PREVIOUS Assessment: _____

Previous Fee Assessed: \$ _____

Total Points from All 3 sections:

Part 1: _____

Part 2: _____

Part 3: _____

Grand Total: _____ **Fee Assessed \$** _____

Fee Scale	
0 - 5	\$40
6 - 10	\$45
11 - 15	\$50
16 - 20	\$55
21 - 25	\$60
26 - 30	\$65
31 - 35	\$70
36 & over	\$75 and up

Comments: _____

Signatures: _____

Day Care Director

Responsible Party

Date

Adopted 12-5-2006

McCOY ADULT DAY CARE CENTER
730 - Eighth Avenue, West Suite, 102
Birmingham, AL 35204
(205) 251-2178

POLICIES AND PROCEDURES AGREEMENT

ACCEPTANCE POLICIES

1. No individual shall be excluded or be denied the benefits of or be otherwise subjected to discrimination in the McCoy Adult Day Care on the grounds of race, gender, color, national origin, religion or creed.
2. Interested persons must fill out an application packet and return it to the McCoy Adult Day Care. An interview by a staff person will be conducted and a Client Assessment Tool completed before a person may attend the Day Care.
3. The person signing the client agreement will be considered the responsible party for the client. No client will be allowed to attend until all forms are properly signed.
4. The responsible party needs to have Power of Attorney (preferably Durable Power of Attorney). A copy needs to be on file at the Day Care.
5. Clients will be accepted for a probationary two-week period at the original assessed fee before final acceptance is given. A reassessment will be made at the end of that time to determine if the client can benefit from the Day Care program. If the staff determines the program will not meet the needs of the client, or their need for care requires more time and skill than the Day Care is able or qualified to provide, then the responsible party will be notified.
6. A monthly mini-assessment form will be given to the responsible party if the Director sees some significant changes in the client.
7. When care level, space or staff limitations are reached, a waiting list will be maintained. Enrollment priority from the waiting list is on a first come basis except when referred by a partner agency who receives priority.

CLIENT POLICIES

1. McCoy Adult Day Care will be available for adults with physical, emotional or mental impairment who require assistance and supervision or who need restorative or rehabilitative services in order to achieve their optimum level of functioning.
2. McCoy Adult Day Care is a **Social, not Medical model**. Persons who are **not** appropriate are those:
 - With medical care needs requiring more skill than we are qualified to provide
 - Who are totally incontinent or have frequent accidents (multiple per week)
 - With a history of violence or whose behavior is not appropriate within the group setting
 - With communicable diseases
 - Who are actively abusing controlled substances - i.e. drugs, alcohol
 - Whose needs for care require more time and skill than the Day Care is able or qualified to provide.
3. McCoy Adult Day Care may limit the number of clients whose care requires disproportionate amount of staff time.
4. **PARTICIPATION:** No client will be forced to engage in any program activity. The decision will rest with the client, but their decision must not interfere with the Day Care activities.
5. **VALUABLES:** If the client wears or brings valuable items (i.e. jewelry, money, medicine, clothing, dentures) to the Center we cannot be responsible for their loss.

6. Each client is asked to bring a change of clothes in case of an accident. If using any form of protective pads, please bring a supply of them also. Please label all items.
7. **SMOKING, ALCOHOL AND CONTROLLED SUBSTANCES:** Smoking (including any form of smokeless tobacco) will not be allowed in the facility or premises. No consumption of alcoholic beverages or any controlled substances (illegal drugs) will be allowed in the facility or premises.

RECORD POLICIES

1. All records for the clients shall be considered confidential and will be kept in a secure storage area. Employees are not to disclose nonpublic or sensitive information about a client unless authorized by the Executive Director or responsible party.
2. Information will only be released when the permission of the responsible party is given, when it is authorized by law or by the Director's discretion.
3. Client records shall include but not be limited to:
 - Application Form
 - Signed Client Agreement
 - Medical Information with signed authorization to receive emergency care.
 - Client Assessment Tools
 - Power of Attorney
 - Progress notes by Executive Director/Director

ATTENDANCE POLICIES

1. The Responsible Party will enroll the client for guaranteed days with no deductions for absence, Holidays or emergency closure. (see page 3)
2. The Center is open from 8:00 AM until 4:30 PM Monday through Friday. Clients may be dropped off any time after 8:00 AM and must be picked up before 4:30 PM or a late pick up fee will be charged.
 - **LATE PICK UP POLICY:** If a client is not picked up by 4:30 p.m.
 - From 4:31 p.m. to 4:35pm, \$5 will be charged to the responsible party's account.
 - Each minute after, the responsible party will be charged \$1.00 for each minute late.
 - Excessive late pick-ups will result in termination from the program.
3. Clients with a fever will not be allowed to attend. Should a client's temperature rise above 98.6° during the normal Day Care hours the responsible party will be notified to come pick up the client immediately.
4. Clients with a contagious disease/illness (such as flu, vomiting, diarrhea, severe cold) will not be allowed to participate in the Day Care until the disease/illness is over. A doctor's statement will be required when deemed necessary by the Director.
5. After a period of five (5) consecutive absences, the staff and responsible party will meet and make a decision concerning the status of the client.
6. McCoy Adult Day Care observes the following holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Good Friday, Memorial Day, Juneteenth, Fourth of July, Labor Day, Veteran's Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day. If your contract day falls on a Holiday, you are responsible to pay for that day. (See page 3 Payment Procedures)

DISCHARGE POLICIES

1. When a client whose needs for care require more time and skill than the Day Care is able or qualified to provide, the responsible party shall receive a minimum of two weeks' notice that the client is to be terminated from the program.
2. **Exception: Immediate termination is possible if the client has a sudden change in their condition which makes participation a danger to self or others.**
3. Excessive late pick-ups will result in termination from the program.

PROGRAM POLICIES

1. A weekly calendar of activities shall be posted.
2. Clients shall have the opportunity to evaluate activities and plan future activities on a monthly basis.
3. All program activities shall be supervised by program staff.
4. The Center shall provide a balance of activities to meet the clients interrelated needs and interests.
5. Clients will receive a nutritious lunch and 2 snacks.
6. Health screenings will be provided periodically.
7. Time shall be allowed for rest and relaxation.

EMERGENCY PROCEDURES

1. **MEDICATION:** The responsible party is encouraged to adjust the client's medication schedule, so all their medications are taken at home. No client will be permitted to keep medication of any kind on them. No medications requiring needles will be allowed on the premises under any circumstance.
2. **MEDICAL EMERGENCY**
 - Medical information shall be filed on each client. The Responsible Party must notify the Director of any change in the information or medications.
 - In the event of an emergency, one staff person will remain with the client until medical personnel arrive, one staff person will proceed to the nearest telephone and call the emergency personnel, a third staff person will go directly to the files and pull the clients file and contact the responsible party or other designated persons and return to the client with forms for information needed by medical personnel.
3. **FIRE EMERGENCY:** Emergency evacuation routes shall be posted. There will be a minimum of quarterly fire drills.
4. **WEATHER EMERGENCY**
 - If the **Tornado** sirens are activated, the staff will immediately follow tornado procedure and move clients to their place of safety.
 - **Inclement Weather Policy:** If the weather is too severe, for the safety of the employees, clients, and caregivers, the Center will close for the day. In the event of an emergency closing, McCoy Adult Day Care will use **ONE CALL**, an automated message system to reach caregivers and emergency contacts. Please list the names and numbers of those you would like to be contacted in the event of an emergency on page 2 of the application.
 - If in question, call the Center (251-2178) and let the phone ring long enough to get the answering machine. The message will be updated regarding the current situation. We will use the Birmingham City School closings as a **guide**. When possible, we will try to have a delayed opening. If it is necessary for you to have a decision very early, ask for the Executive Director's cell number.

COVID-19 Addendum

The Centers for Disease Control and Prevention (CDC) has stated “*COVID-19 is a new disease, and we are still learning how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.*” It is now well known that COVID-19 can cause serious illness and/or death. ***This organization serves and employs several clients and employees, whose actions and practices this organization has limited ability to control. Therefore, the Caregiver/Client acknowledges and agrees as follows:***

1. ***Caregiver/Client*** acknowledges and assumes the risk that the disease will spread, even in ideal conditions, risk of serious illness or death may result from the spread or transmission of the virus at the premises resulting from their own actions or inactions, but also from the actions, inactions, or negligence of others.

Responsible Party Initial: _____

Date: _____

2. ***Caregiver/Client*** voluntarily agrees to assume this risk; take all appropriate actions to protect others at the premises.

Responsible Party Initial: _____

Date: _____

3. ***Caregiver/Client*** agrees to release ***McCoy Adult Day Care*** from liability from all of the risks associated with exposure to COVID-19. This release additionally applies to their heirs, legal representatives, and successors and anyone else claiming under them.

Responsible Party Initial: _____

Date: _____

4. ***Caregiver/Client*** agrees to indemnify and hold harmless ***McCoy Adult Day Care*** against any and all claims, suits, or actions or any kind whatsoever for liability, damages, compensation, or otherwise brought by any ***guest/family member*** of ***Caregiver/Client*** from all of the risks associated with exposure to COVID-19.

Responsible Party Initial: _____

Date: _____

5. **Attire** - Staff working with clients will be required to wear scrubs. This measure will help keep clothes sanitized and cleaned to help reduce the spread of viruses.
6. **Physical Distancing** - Clients will be in smaller groups during activities and outside whenever possible. Indoor furniture will also be arranged to provide more space for clients to engage in activities. This may mean that activities will be completed in separate rooms and/or outside in “cohorts” or smaller groups. This will allow us to safely socially distance while supervising clients during daily activities. Clients will also have assigned seats.
7. **Meals** - We will serve one meal and one snack. The meals provided will be prepackaged with plastic utensils. Weather permitting, all meals will take place outside to reduce the risk of spreading germs and viruses.
8. **Cleaning & Sanitation Procedures** - On days where we are closed, the daycare will be professionally cleaned and sanitized.
9. **Covid-19 Positive Case** - In the event of a client or staff member testing positive for Covid-19, the center will immediately close for enhanced cleaning. The center may need to close for a quarantine period of 7-10 days. McCoy will follow the guidance of a medical professional for each case.

8	tabletop activities				
8:30					
9	devotional				
9:30	morning snack				
10	exercise with Helen	music therapy		ring toss and noodleball	hangman and categories
10:30					
11		tabletop bowling	drum therapy with Walker	chair yoga	paper flower pot crafts
11:30					
12	lunch				
12:30					
1	Bible Study	piano sing a long		Bible Study	exercise
1:30	Bible bingo			Bible Study	
2		exercise	People in Motion	exercise	
2:30	afternoon snack				afternoon snack
3	movie Monday	coloring mandalas	snack	play dough sculptures	card games, dominos, and puzzles
3:30					
4	tabletop activities				
4:30					

Monthly Schedule of Outside Guests for Activities

	Monday	Tuesday	Wednesday	Thursday	Friday
1st week	movement therapy	music therapy <i>piano and singalong</i>	<i>Bible study</i> People in Motion	<i>Bible study</i>	drum therapy art therapy
2nd week		music therapy <i>piano and singalong</i>	drum therapy <i>Bible study</i> People in Motion	art therapy <i>Bible study</i>	
3rd week	movement therapy	music therapy <i>piano and singalong</i>	<i>Bible study</i> People in Motion	<i>Bible study</i>	drum therapy art therapy
4th week		music therapy <i>piano and singalong</i>	<i>Bible study</i> People in Motion	art therapy <i>Bible study</i>	<i>Junior League volunteers</i>
5th week		music therapy <i>piano and singalong</i>	<i>Bible study</i> People in Motion	<i>Bible study</i>	