

FAIR Congregate Respite Service Recipient Responsibility Agreement

I, _____, am the primary caregiver for _____.

I understand that the Family Alzheimer's In-Home Respite (FAIR) Program is designed to provide temporary relief from the responsibilities of caregiving and that it is not meant to replace the care and supervision I currently provide. As a recipient of services through FAIR, I agree to the following:

- I am the service recipient in the FAIR Program, which gives me a regular break from my caregiving responsibilities. However, FAIR does not replace the care and supervision that I provide for my loved one.
- I will notify the agency at least 24 hours prior to the day services are to be provided for any day the service is not needed.
- I will comply with the agreed upon hours of service and the provider agency's personal conduct policy.
- I will notify the agency immediately if there is a change in medical needs or service status that requires any change in service or disruption of service (Ex: Care receiver goes to hospital or nursing home; care receiver changes residence; care receiver cannot attend due to doctor's appointment, trip, etc.).
- I agree to make myself available for consultation with an agency representative as needed, to discuss issues related to the care being provided to my loved one and will cooperate with regularly scheduled appointments.
- I understand that I am to read and sign the worker's log sheet at least twice monthly to verify that services are being provided as scheduled. I will work with the agency to set that up on a schedule that meets both my needs and theirs.
- If I have any problem with the congregated respite center staff, I will contact the agency, and, together, we will work to resolve the issue.
- I will report any instances of abuse, neglect or exploitation to the Adult Protective Services Hotline at 1-800-352-6513 or to the provider agency.
- I will report any suspected illegal activity to the local police department or appropriate authority.
- I understand that FAIR is fee-based on a state cost share schedule, based on the income of the care receiver or care receiver and spouse, when the person with dementia is married. Prior to receiving services, I will be informed in writing of the hourly amount I will be charged. I understand that payment is due monthly, and non-payment may result in FAIR services being discontinued.

Signature of FAIR service recipient

Signature of provider agency representative

Date: _____

Date: _____