

## FAIR In-Home 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 understand that this is not a chore program or a personal care program. The worker is here to provide stimulation and socialization for the care receiver. Any chores or personal care provided through FAIR must be in the context of the Activity Plan established for the care receiver.
- I will comply with the agreed upon hours of service and the provider agency's personal conduct policy.
- 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 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 will not be at home due to doctor's appointment, trip, etc.).
- I will provide safe access to my home and a safe home environment for the worker assigned by the provider agency.
- 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 I will cooperate with scheduled home visits.
- I understand that I am to read, initial and sign the worker's notes log. I will work with the agency to arrange that on a schedule that meets both my needs and theirs.
- If I have any problem with the worker assigned to care for my loved one, I will contact the provider agency, and, together, we will work to resolve the issue. I understand that if I request a different worker, I may have to change the days I receive the respite service and/or wait until there is a worker available.
- 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 if 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: \_\_\_\_\_