PARTICIPANT AGREEMENT

This agreement entered into this ______ day of _____________________________, 20____ by and between _____________________________________________________, hereinafter referred to as the "Center", and ____________________________________________________________________, hereinafter referred to as the "Participant."

WHEREAS, the Center is licensed as an Adult Day Care Center by the Virginia Department of Social Services in accordance with Chapter 17 of Title 63.2 of the Code of Virginia to provide supplementary care and protection during a part of the day only to aged, infirm or disabled adults who reside elsewhere, and the Participant is desirous of receiving the services of the Center; NOW THEREFORE, the parties hereto do mutually agree as follows:

1. The Center has the following services and care available. Any related changes are indicated.

2. The Participant agrees to the following financial arrangements for services and care.

   (a) The amount to be paid; frequency of payments; rules relating to nonpayment. (Specify)

   (b) The amount and purpose of an advance payment or deposit payment and the refund policy for such payment. (Specify)

   (c) The policy with respect to increases in charges and the length of time for advance notice of intent to increase charges. (Specify)
(d) The refund policy to apply when transfer of ownership, closing of center, or participant discharge occurs. (Specify)

3. The Center agrees to provide a monthly statement or itemized receipt of the Participant’s account.

   The Center agrees that the monthly statement or itemized receipt will contain an itemized list of any charges made and any payments received during the previous calendar month and will show the balance due or any credits for overpayment on the Participant’s account.

4. The Participant agrees that the following actions, circumstances, or conditions would result or might result in his discharge from the facility:

5. Other:

In witness whereof the parties have caused this agreement to be executed by their official signatures thereunder duly authorized.

Center Representative: _______________________________ Date: __________________

Participant: _______________________________ Date: __________________

Personal Representative: _______________________________ Date: __________________

Address and Telephone Number of Regional Licensing Office:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

A signed copy is to be provided to the Participant or any personal representative and a copy is to be retained at the Center.