

## Personal Care Home Admission Agreement

The Management of \_\_\_\_\_ at  
**Facility**

\_\_\_\_\_ hereby  
*(Address)*

agrees to provide the following basic services for \_\_\_\_\_  
*(Resident)*

- |   |  |
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| <ul style="list-style-type: none"> <li>• Protective care and watchful oversight</li> <li>• Supervision of personal care</li> <li>• Supervision of nutrition</li> <li>• Laundry facilities</li> <li>• Towels</li> <li>• Toilet Tissue</li> <li>• Soap</li> <li>• Light bulbs</li> <li>• 30 days written notice prior to discharge</li> <li>• Continuous assessment of needs and condition</li> </ul> | <ul style="list-style-type: none"> <li>• Referral for appropriate service when needed</li> <li>• 24-hour a day lodging</li> <li>• 3 balanced meals per day</li> <li>• 2 nutritious snacks per day</li> <li>• Bedding and Supplies</li> <li>• Recreational and cultural activities or hobbies</li> <li>• Information to surrogate, relative, or representative regarding resident needs</li> <li>• Emergency transportation</li> <li>• 60 day notice of rate or level of care increase</li> </ul> |
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The services listed above will be provided at a rate of \$ \_\_\_\_\_ per \_\_\_\_\_.

The following service shall be the responsibility management or the resident, as indicated by the appropriate signature in the designated column. If provided by the management, any additional fee is so designated.

Service	Party Responsible for service (Signature)	Date	Fee
Purchase clothing and personal hygiene supplies as needed			
Initial acquisition and refills of medications			
Transportation to/from medical appointments			
Transportation to/from other (specify)			
Personal laundry			

Arrange for transfer and/or discharge when necessary			
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In Addition, the management will provide the following optional service at the indicated below:

Service	Responsible Party (Signature)	Fee	Date

PLEASE INITIAL AS APPROPRIATE

1. Resident acknowledges that he/she has received a copy of the House Rules. \_\_\_\_\_
2. Resident acknowledges that he/she has received a copy of the home's refund policy. \_\_\_\_\_
3. Residential acknowledges that he/she has receive a copy of the home's policies regarding transfers, emergency transfer, and discharge (including how and when). \_\_\_\_\_
4. Resident acknowledges that he/she will not be required to perform services for the home except as provided for in this agreement or in a subsequent written agreement, and then only if the resident volunteers or is compensated at or above prevailing rates. \_\_\_\_\_
5. Resident does \_\_\_\_\_ does not \_\_\_\_\_ wish to receive the \$20.00 per week personal needs allowance if he/she elects to receive it. \_\_\_\_\_
6. Resident acknowledges that this agreement has been fully explained and a written signed copy given to the resident and legal guardian or responsible party. \_\_\_\_\_
7. Resident acknowledges that this agreement may be terminated by either party, only with a thirty (30) day written notice, except in the event that the resident develops a communicable disease or a change in the condition of the resident requires continuous medical or nursing care. \_\_\_\_\_
8. My picture/name/information can \_\_\_\_\_ or cannot \_\_\_\_\_ be used in social media
9. Medications are handled by licensed staff \_\_\_\_\_ unlicensed staff \_\_\_\_\_  
and how \_\_\_\_\_ What type of medication packaging is allowed

\_\_\_\_\_.

10. I consent and authorize the release of medical information to the home as needed. \_\_\_\_\_

11. The facility permits \_\_\_\_\_ does not permit \_\_\_\_\_ the use of proxy caregivers. The

Resident may \_\_\_\_\_ or may not \_\_\_\_\_ hire independent Proxy Caregivers and/ or will \_\_\_\_\_ or will not \_\_\_\_\_ be provided by the facility or approved providers.

**Lease Termination / Eviction**

Both the management and the resident understand that this agreement may be terminated by either party, with sufficient notice.

- Residents are required to give a thirty-day, written notice in order to terminate this agreement.
- Management is required to give a sixty-day, written notice in order to terminate this agreement.

EXCEPTION: No notice is required if the resident develops a communicable disease or a change in condition that requires continued nursing care.

Residents who believe their rights have been violated by a lease termination may file a grievance or request a hearing in accordance with the Remedies for Residents of Personal Care Homes Act (O.C.G.A. § 31-8-130 et seq.).

Additionally, residents have the same responsibilities and protections from eviction that tenants have under Georgia landlord/tenant law (O.C.G.A. Title 44, Chapter 7).

This agreement shall be effective \_\_\_\_\_ (date) and remains in effect until amended as agreed and signed by both parties.

	<b>Facility Representative</b>	<b>Resident/Responsible Party</b>
<b>Signature</b>		
<b>Title</b>		
<b>Date</b>		