Personal Care Home
Admission Agreement

The Management of ____________________________________________________________ at
Facility _________________________________________________________________
(Address)

hereby agrees to provide the following basic services for ____________________________________.
(Resident)

- Protective care and watchful oversight
- Supervision of personal care
- Supervision of nutrition
- Laundry facilities
- Towels
- Toilet Tissue
- Soap
- Light bulbs
- 30 days written notice prior to discharge
- Continuous assessment of needs and condition
- Referral for appropriate service when needed
- 24-hour a day lodging
- 3 balanced meals per day
- 2 nutritious snacks per day
- Bedding and Supplies
- Recreational and cultural activities or hobbies
- Information to surrogate, relative, or representative regarding resident needs
- Emergency transportation
- 60 day notice of rate or level of care increase

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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Party Responsible for service (Signature)</th>
<th>Date</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase clothing and personal hygiene supplies as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial acquisition and refills of medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation to/from medical appointments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation to/from other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal laundry</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Arrange for transfer and/or discharge when necessary

In addition, the management will provide the following optional service at the indicated below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsible Party (Signature)</th>
<th>Fee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
   ______________________________________________________.

2
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.

<table>
<thead>
<tr>
<th>Facility Representative</th>
<th>Resident/Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signature</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td></td>
</tr>
</tbody>
</table>