



2812 Old Lee Highway, Suite 210  
Fairfax, VA 22031  
Voice (703) 204-4664  
Fax (703) 204-0509  
www.alzheimersfdc.org

## AFDC Admission Process

1. Complete the application form.
2. Call to arrange an assessment with the family caregiver and potential participant. (Slots for attendance cannot be held prior to the receipt of application and applicant assessment.)
3. Complete the enrollment paperwork. **The physical and TB screening must be signed by a physician and completed no more than 30 days prior to admission.**
4. Schedule and arrange for transportation.
5. Determine start date and sign contract.
6. Discuss any dispensing of medication and dietary issues with our nurse.

## First day of Attendance

1. Plan on the new participant attending no more than about 4.5 hours on the first day.
2. Bring a change of clothing (and Depends, if used) labeled with participant's name.
3. Label all medications and bring in the original container.
4. Make plans for yourself to enjoy the day.

\*Don't forget to pick up your copy of the family handbook!

Sharing the Care  Spreading the Knowledge



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## ALZHEIMER'S FAMILY DAY CENTER

### APPLICATION FORM

NAME: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Referred By: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

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NAME OF RESPONSIBLE PARTY/GUARDIAN    NAME OF NEAREST RELATIVE

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Telephone (w) (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Telephone(w) (\_\_\_\_) \_\_\_\_\_

(h) (\_\_\_\_) \_\_\_\_\_

(h) (\_\_\_\_) \_\_\_\_\_

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NAME OF NON-FAMILY EMERGENCY CONTACT    PERSONAL PHYSICIAN

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone (w) (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Telephone(\_\_\_\_) \_\_\_\_\_

(h) (\_\_\_\_) \_\_\_\_\_

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PRIMARY CARE PROVIDER

AGENCY/SOCIAL/CASE WORKER

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

Please rate the following on a scale of 1 to 5, with 1 = very poor and 5 = very good

Sight \_\_\_\_\_

Alertness \_\_\_\_\_

Use of hands \_\_\_\_\_

Orientation \_\_\_\_\_

Hearing \_\_\_\_\_

Ability to feed self \_\_\_\_\_

Speech \_\_\_\_\_

Ability to walk \_\_\_\_\_

Other disabilities:

\_\_\_\_\_  
\_\_\_\_\_

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What kind of assistive devices do they use? dentures \_\_\_ glasses \_\_\_ walker \_\_\_ cane \_\_\_  
hearing aid \_\_\_ braces \_\_\_ wheelchair \_\_\_ ostomy appliance \_\_\_

Description of Home Situation (who lives there):

Social History (names of children, spouse, siblings, extended family, friends, and other pertinent family information):

Interests of Participant (hobbies, likes, dislikes, food preferences and dislikes, personality traits, past hobbies and interests):

Past Occupation of Participant:





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## FEE AND PAYMENT POLICIES

*Effective July 1, 2010*

The Alzheimer's Family Day Center (AFDC) operates on a fee-for-service basis with a goal of providing the highest quality dementia-specific care at an affordable rate. Fees are reviewed each year and adjusted if needed.

We tie the cost of care to the level of service provided. All potential participants are assessed and assigned to Level II or III. Monthly fees are figured according to levels of care. Each participant is reassessed quarterly and families are notified in advance if there is a change in the level of care needed.

The Center Director will help you select a schedule of attendance at the Center for your family member (see attached schedule and rate sheet) and you will pay for that schedule in advance on a monthly basis. We strongly encourage you to carefully select a schedule that is viable for your family, as we cannot always accommodate last-minute schedule changes.

Services are accounted for on a prospective monthly basis and a statement of services, charges and payments will be sent to the responsible party on a monthly basis. Payment must be received by the 10<sup>th</sup> of the month for which services are received (for example, payment for June services are expected by June 10<sup>th</sup>).

For those who have difficulty meeting the cost of care, the Board has established the *Family Caregiver Respite Fund (formerly, the Scholarship Fund)* with the goal that no one is turned away for lack of funds to pay for services. Feel free to contact us for an application for financial assistance.

### *Alzheimer's Family Day Center Fees*

Effective 7/1/10

<b>Adult Day Health Care - Level II</b>		<b>Sunshine Club - Level III</b>	
<u>Attendance</u>	<u>Monthly Charge</u>	<u>Attendance</u>	<u>Monthly Charge</u>
5 days per week	\$1,610.00	5 days per week	\$1,830.00
4 days per week	\$1,380.00	4 days per week	\$1,569.00
3 days per week	\$1,073.00	3 days per week	\$1,220.00
2 days per week	\$ 766.00	2 days per week	\$ 871.00

### ***Missed Days***

If your loved one misses a scheduled day for any reason beyond our control (including inclement weather, illness, or a situation that requires us to close for a full day), we will be glad to try to accommodate a make-up day within the month of the missed day, if possible. Please note that this is dependent on a number of factors, including available capacity.

Unfortunately, we can not reschedule days missed due to the Center being closed for a scheduled holiday. You will receive a calendar of scheduled holidays by the beginning of each year.

### ***Additional Days***

If you need to occasionally add a day to your schedule, we will try to accommodate your request. Please call the at least 24 hours in advance. The fee for an additional day is \$77 (Level II) or \$87 (Level III).

### ***Withdrawal***

Any participant who withdraws from the program before the 15<sup>th</sup> of the month will receive a 50% refund. After the 15<sup>th</sup> of the month, there will be no refund for early withdrawal. Questions about any financial matters should be asked of the Finance Director.

### ***Registration Fee***

There is an application/assessment fee of \$75.00 due at the time of enrollment.

### ***Late Pick-up Fees***

The Center is opened from 7:30 a.m. - 5:30 p.m. We appreciate everyone's cooperation in helping our staff to get off work on time in the evening. Our late pick-up fees are as follows:

\$15.00 for pickup up to 15 minutes late;

\$30.00 for pickup between 15 minutes and one half hour late;

\$45.00 for pickup between one half hour late and one hour late.

Since the Center can not leave a participant alone, our employees must be paid for the time they are here after their scheduled hours. Licensing requires at least two staff members to be present even when only one participant is awaiting pickup.

## ***Late Payment and Non-payment***

Payments are due on the first of each month and must be postmarked by the tenth (10<sup>th</sup>) of each month.

If a bill is two weeks (14 days) over due, the Finance Director will call and remind the responsible party to pay the bill.

Bills not paid by the 10<sup>th</sup> (postmarked) will incur a 1% charge on the unpaid balance. Services will be discontinued for bills 60 days over due until all past and current bills are paid.

If unusual circumstances arise which affect the responsible party's ability to pay please contact the Finance Director.

## ***Returned Checks***

There is a \$30.00 charge for returned checks.

### ***Family Caregiver Respite Fund (FCRF)***

*It is the Center's goal not to turn anyone away for lack of ability to pay. Therefore the Board actively fundraises for the FCRF so that it can consider requests for reductions in charges when there is financial hardship. The Board of Directors has an administrative committee to review FCRF applications from families in need of assistance and recommend fee reduction amounts. The Board ultimately approves the level of assistance. It is important to give accurate and complete information since the committee decision is based on what is read.*

*All information is kept confidential. The requests for FCRF renewals are reviewed in the spring for the upcoming fiscal year. New requests are considered as they are received. Information and questions go to the Executive Director who will relay them to the Board.*