



I. SUPPORT SERVICE AGREEMENT FOR THE EASTERN SHORE PROGRAM

This Agreement is between The Chimes, Inc., hereinafter referred to as "Chimes", and _____ hereinafter referred to as the "Person Served". The purpose of this Agreement is to delineate the rights and responsibilities of Chimes and the Person Served/Legal Guardian for the period beginning _____, 20____ and ending _____, 20____, inclusive. Chimes provides personal supports to persons based on the philosophy that every person has the right to develop to his or her fullest potential and be fully integrated in the community. Chimes recognizes the uniqueness of each person and promotes feelings of human dignity, a sense of self-worth and the right to make informed choices. In general, the staff of Chimes will provide supports delineated herein. Chimes does not discriminate in the provision of services to persons served in accordance with all federal, state and local law. Participation in a program administered by Chimes is voluntary.

This Agreement in its entirety defines the scope of services and responsibilities of all parties. Should the person served, legal guardian, the staff of Chimes, or any other parties be dissatisfied with the program, the personnel, or the fulfillment of the responsibilities delineated, the Program Supervisor should be contacted. Should any changes in the terms of or information provided in this Agreement occur, the Agreement shall be considered null and void and a new Agreement will be executed.

A. CHIMES WILL PROVIDE YOU, THE PERSON SERVED, WITH THE FOLLOWING:

1. Personal supports for _____ hours per week as designated/awarded in your Service Funding Plan. These supports will be provided by qualified support staff whose qualifications are consistent with Chimes job requirements for the position and applicable local, state and federal regulations.
2. Personal supports that are consistent with the Individual Plan (IP) as developed by you and your Team during the Person Centered Planning process. Monthly progress notes relative to your goals will be documented/maintained in your record and shared with you and/or your legal guardian and Coordinator of Community Services.
3. Transportation via the Community Support Specialist for community integration activities and consistent with amount of funds awarded and IP.
4. Weekly schedules developed and agreed upon by you and your support staff every calendar month, one week prior to the following month. Schedules will delineate support hours to be provided each week, specific days and times of the week and proposed activities of your choice and consistent with your IP.
5. Support staff vacation schedules will be shared with you one month in advance of the proposed vacation and will be noted on the calendar. In the event of a staff emergency and inability to provide supports on a specific day, staff will notify you a minimum of 8 hours prior to the scheduled time to report. In both situations, it is the responsibility of the support staff to provide you with options to accommodate a change in schedule in order to make up missed hours to the extent possible.
6. Facilitate the payment of respite services provided by an alternative Agency when notified in advance of usage, cost, and consistent with amount of funds awarded for same.
7. Rights of privacy, confidentiality, dignity and respect.

B. YOU, THE PERSON SERVED, OR LEGAL GUARDIAN, AGREE TO THE FOLLOWING AS A PARTICIPANT IN THE COMMUNITY SUPPORT SERVICES PROGRAM:

1. You, the Person Served, will participate in a Person Centered Planning process and assist in the development of an IP with related individual goals, based on your needs and preferences.
2. You the Person Served, will participate in activities related to your IP goals and intended outcomes with the support of your Community Support Specialist.
3. You, the Person Served, will participate in the development of a monthly calendar and weekly schedule of support and activities consistent with your IP and weekly hours of funded supports. Weekly documentation of support and activities provided will be signed off by both you or your legal guardian and the Community Support Specialist.
4. You, the Person Served, will advise the Community Support Specialist of vacation/respite schedules one month in advance of same. In the event of an emergency and inability to receive supports on a pre-scheduled day, you will notify your Community Support Specialist a minimum of 8 hours in advance. In both situations, you will work with your staff to change the scheduled supports to another mutually agreeable time in order to make up missed hours to the extent possible.
5. You, the Person Served, agree to pay for any community integration/social activities, as necessary, for yourself. This may include meals, entrance fees, etc.
6. You, the Person Served will ensure that bills for respite services are accurate relative to usage and cost and are submitted to the Program Supervisor within 7 days after services are rendered.
7. You, the Person Served, or your legal guardian, will notify the Program Supervisor in the event that you decide to terminate your participation in the Chimes Support Services Program 90 days in advance of terminating your participation or your intent to terminate services with Chimes.

II. SIGNATORIES TO SUPPORT SERVICE AGREEMENT FOR THE EASTERN SHORE PROGRAM

I, _____, the Person Served, or Legal Guardian, do hereby agree to the terms of the Support Service Agreement for the Eastern Shore Program for the period beginning _____, 20____ and ending _____, 20____.

Signature of Person Served

Date

Signature of Legal Guardian (if appropriate)

Date

Signature of Witness

Date

