



## **I. SUPPORTIVE SERVICE AGREEMENT FOR THE INDIVIDUAL FAMILY CARE PROGRAM**

This Agreement is between The Chimes, Inc., hereinafter referred to as "Chimes", and \_\_\_\_\_ hereinafter referred to as the "Person Served", who resides at \_\_\_\_\_.

The purpose of this Agreement is to delineate the rights and responsibilities of Chimes and the Person Served for the period beginning \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_, inclusive. Chimes provides services to persons served based on the philosophy that every person has the right to develop to his or her fullest potential. 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 or facilitate the provision of the services delineated herein, which may be necessary for the well-being of the person served. Chimes does not discriminate in the provision of services to persons served in accordance with all federal, state and local laws. 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, the staff of Chimes, or any other parties be dissatisfied with the program, the personnel, or the fulfillment of the responsibilities delineated, the Chief Operating Officer of Chimes 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 be negotiated.

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

1. Direct services for \_\_\_\_\_ hours of residential supervision per week. This supervision will be provided by qualified caregivers whose qualifications are consistent with Chimes and Individual Family Care (IFC) requirements for the services provided and applicable state, local, and federal regulations.
2. Support services to enable you, the Person Served, to address your social, habilitation, medical, and emotional needs, as deemed appropriate through the team process.
3. In compliance with regulations, the caregiver will provide you, the Person Served, with bedroom furniture and furnishings which will remain the property of the caregiver. If you, the Person Served, move to a home with your furniture or purchase furniture and furnishings, an agreement between the caregiver and you, the Person Served, will be made as to storage of the caregiver's furniture. You, the Person Served, will bear the expense of storage as applicable. If you, the Person Served, equip the bedroom with your personal furniture and furnishings, it remains your property. Furniture shared in common areas, food consistent with your nutritional needs, and access to a telephone will be provided in accordance with regulations and/or guidelines established by the appropriate regulatory body.
4. Maintenance instruction and supervision so that your residential environment is maintained properly.
5. Daily living instruction in accordance with your Individual Plan for activities of daily living which may include appropriate personal hygiene skills, social skills and safety.
6. Mobility training to familiarize you, the Person Served, with the community in which you live, including access to general services such as transportation and recreation.
7. Emergency training to assist you, the Person Served, in being familiar with those procedures necessary to respond to emergencies. A copy of these emergency procedures, including a fire escape plan, will be available to you, the Person Served, and to the caregiver where you live.

8. Access to your Individual Plan. If a legal guardian has been appointed, the guardian shall have access to the Individual Plan. If you, the Person Served, are under the age of 18, your parent(s) shall have access to the Individual Plan.
9. Access to your Individual Maintenance Allowance account, if managed by Chimes.
10. Rights of privacy, dignity and respect.

**B. YOU, THE PERSON SERVED, OR YOUR LEGAL REPRESENTATIVE AGREE TO FULFILL THE FOLLOWING REQUIREMENTS AS A CONTINGENCY OF CONTINUED RESIDENCE IN THE CHIMES INDIVIDUAL FAMILY CARE PROGRAM:**

1. You, the Person Served, may participate in a regular daily activity outside the caregiver's home. Such activities may include competitive employment, pre-vocational/vocational training, habilitation training, participation in a work activities program, or attendance in a school program.
2. You, the Person Served, (or your legally authorized representative) will sign a copy of the Agreement.
3. You, the Person Served, will participate in meetings as well as social, instructional, or counseling activities which may be provided as part of your plan.
4. You, the Person Served, will participate in maintaining the cleanliness and safety of your residence in accordance with regulations set forth by the licensing/funding agency.
5. You, the Person Served, agree to pay any and all fees which are required by regulation to maintain yourself in the residential environment in which you live. In addition, you agree to be responsible for the following, which includes but not limited to:
  - a. All medications, treatments, medical and health service expenses not covered by third party payment,
  - b. Personal telephone, Internet and cable services,
  - c. Clothing expenses, and
  - d. Social activities.Payment for any of the above charges will be billed to your Individual Maintenance Allowance account. In the event Chimes is not designated as your representative payee, your representative payee will assume responsibility for all of the above costs.
6. The amount of the Room and Board charge is determined by the State and is \$\_\_\_\_\_ per month for this fiscal year.
7. The amount of the monthly charge for your cost of care, if any, is also determined by the State. A copy of the State determination is available upon request.
8. In the event that you, the Person Served (or your legally authorized representative), decide to terminate your participation in the Chimes Individual Family Care program, you, the Person Served, agree to provide Chimes with notification of that intent so that Chimes may fulfill its responsibility by making your placement available to another individual.

**C. YOU, THE PERSON SERVED, (OR YOUR LEGALLY AUTHORIZED REPRESENTATIVE), DO HEREBY AUTHORIZE AND REQUEST CHIMES** to administer, when necessary, any prescribed medication(s) to you, and you (or your legally authorized representative) release Chimes, its caregivers, employees, agents, and/or representatives of responsibility for any adverse reaction which result from the administration of said prescribed medication(s).

**D. YOU, THE PERSON SERVED, (OR YOUR LEGALLY AUTHORIZED REPRESENTATIVE)**, understand that if Chimes is your representative payee, a monthly fee may be deducted from your bank account as authorized by the Social Security Administration (SSA). Effective January 1, 20\_\_\_\_, the fee per month is \$\_\_\_\_\_.

**E. YOU, THE PERSON SERVED, (OR YOUR LEGALLY AUTHORIZED REPRESENTATIVE)**, understand that if you authorize Chimes to maintain a bank account on your behalf, a monthly maintenance fee will be deducted from your account by the bank. Effective January 1, 20\_\_\_\_, the fee per month is \$\_\_\_\_\_.

**II. SIGNATORIES TO SUPPORTIVE SERVICE AGREEMENT FOR THE INDIVIDUAL FAMILY CARE SERVICES PROGRAM**

I, \_\_\_\_\_, the Person Served, do hereby agree to the terms of the attached Supportive Service Agreement for the Individual Family Care Services Program for the period beginning:

\_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Person Served*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Guardian/Legal Representative (as appropriate)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

**PROVIDER REVIEW:** I have reviewed the attached Supportive Service Agreement and do hereby agree to the terms described therein, and certify that the supportive services offered are appropriate to the needs of the Person Served.

\_\_\_\_\_  
*Signature of Director of Individual Family Care  
The Chimes, Inc.*

\_\_\_\_\_  
*Date*