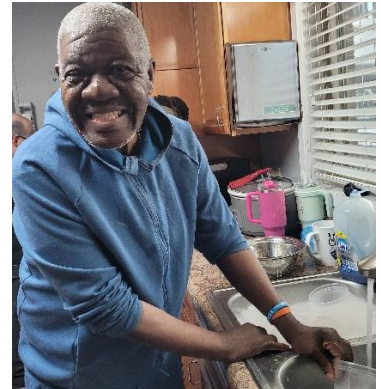


Residential Handbook

- ❖ **Community Training Home (CTH)**
- ❖ **Community Residential Care Facility (CRCF)**
- ❖ **Supervised Living Program (SLP)**

Updated: 5/2026



Residential Handbook *(updated 2026)*

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Welcome!

We're so glad you have chosen to live with us. Here at MaxAbilities, we are committed to supporting you in your new home. We want to help you be a participating member of your York County, SC community.

In order for us to provide the best supports possible, we want you to know that your opinion is very important to us. Please feel free to talk to us about your concerns, ideas and thoughts. Let us know about your hopes, dreams, likes and dislikes so we can provide the supports you need to successfully face life's challenges and attain your dreams.

Thank you!

*Michelle Shaffer
CEO*

We have a "postcard" satisfaction survey for residents and their families. You can ask for a card to complete at any time and send it directly to me. We also keep copies at each of our homes. We will ask you for input each year at your plan meeting- just to make sure we are working well together.

We need to hear from you as a person receiving Residential Supports from our agency. So, if you've got a little time, we'd really appreciate it if you would fill out this card and drop it in the mail or you can give it to your service or residential coordinator. Your comments and/or suggestions are extremely important to us and will go directly to Michelle Shaffer, Executive Director of MaxAbilities of York County.

I like my house: Yes! Not really No

The staff are: Very Helpful Kind of Helpful Not Helpful

The staff are: Respectful Kind of Respectful Not Respectful

Staff help me solve my problems Yes! Not really No

I participate in activities like cooking and shopping Yes! Not really No

I get to select and go on local activities as I choose Yes! Not really No

I know how to make a complaint if I need to Yes! Not really No

I feel my privacy is respected by staff Yes! Not really No

May we contact you? If yes, please fill in your name and phone number.

Name: _____ phone: _____

I would like to serve on the Consumer Advisory Committee:

Yes No, thanks Tell Me More, Please (info will be sent)

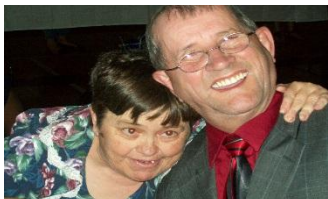
OUR MAXABILITIES MISSION: We maximize abilities by

Teaching

Empowering

Advocating

Mentoring. We are a **TEAM!**



RESIDENTIAL PHILOSOPHY

In keeping with the MaxAbilities mission, the MaxAbilities residential program's philosophy is:

- Resident driven decision making
- Community access and integration to the extent desired and directed by the resident
- Promotion of self-advocacy
- Choice- driven services
- Respectful interactions
- Effective communication
- Quality services

RESIDENTIAL OUTCOMES: The goal of residential services is to help develop knowledge and skills that promote the achievement of personal outcomes desired by residents- examples are noted below.

- People choose personal goals
- People choose where and with whom they live
- People choose where they work
- People have intimate relationships
- People are satisfied with services
- People are satisfied with their personal life situations
- People choose their daily routine
- People have time, space, and opportunity for privacy
- People decide when to share personal information
- People use their environments
- People live in integrated environments
- People participate in the life of the community
- People interact with other members of the community

- People perform different social roles
- People have friends
- People are respected
- People choose services
- People realize personal goals
- People are connected to natural support networks
- People are safe
- People exercise rights
- People are treated fairly
- People have the best possible health
- People are free from abuse and neglect
- People experience continuity and security

OVERVIEW OF MAXABILITIES RESIDENTIAL SERVICES

WELCOME

We are so glad you are choosing to live in one of our residential homes. We have a lot of information to review with you and your family to make sure that you have an understanding of what living here means and we have an understanding of what you want and expect from us. In this handbook, we review a great deal of important information. We will need you to review and sign forms giving us direction on how to help you in various ways. You will have a packet of information to keep at the end of this orientation meeting as well. Over the years, as information changes, we may be sending updates to this handbook to keep you current.

CONTACT GUIDE FOR FAMILIES

When your family member moves into a residential facility, a lot changes. The residential management team at our Agency is eager to work with you to assist both you and/or your loved one adjust to these changes as seamlessly as possible. When a person moves into a residential program, the **Residential Coordinator** becomes the primary contact and the care team leader. You will still have a case manager but their role changes a bit now that a residential service has been obtained. If you have a question, please contact the Residential Coordinator to obtain assistance. Your assigned contact names and numbers will be provided to you as part of this orientation process. Please assist us with effective communication during this transition period.

The suggested chain of contacts for residential related information is....

1. Residential House Manager
2. Residential Coordinator
3. Residential Director
4. VP- Operations
5. CEO

Your specific residential contact numbers are listed below:

Title/Name	Phone Number	E-mail
1. House Manager:		
2. Coordinator:		
3. Residential Director: LeEtta Hart	803-818-6746	Leetta.hart@maxabilities.org
3. VP-Operations: Sharon McKnight	803-818-6154	sharon.mcknight@maxabilities.org
4. CEO: Michelle Shaffer	803-818-6752	mshaffer@maxabilities.org

RESIDENTIAL STRUCTURE DEFINED

Community Training Home II: A Community Training Home – Model II (CTH II) offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision and skills training are provided according to individualized needs as reflected in the service plan. No more than four (4) people live in each residence. This type of home is licensed annually by the South Carolina Department of Disabilities and Special Needs (SCDDSN). There are in excess of 25 CTH II homes operated by our agency in York County.

Community Residential Care Facility: This type of home, like the CTH II model, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, supervision and skills training are provided according to identified needs as reflected in the service plan. No more than eight (8) people live in each residence of this type in York County. This type of home is licensed annually by the South Carolina Department of Health and Environmental Control (DHEC). We operate four CRCFs in in York County.

Supervised Living Program: This program is apartment living for individuals who need intermittent supervision and supports. They can handle most daily activities independently but may need periodic advice, support and supervision. Staff are available on site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily. SLP II apartments are licensed annually by the Office of BHDD/OIDD(Office of Intellectual & Developmental Disabilities).

AVAILABLE SERVICES IN RESIDENTIAL

Our basic residential rate for Medicaid participants includes the following services:

1. Training and Habilitation services
2. Minor medical supplies
3. Use/ utilization of equipment and facilities
4. Patient gowns, water pitchers, basins, bed pans
5. Alcohol, applicators, cotton balls, band-aids, antacids, aspirin, suppositories, tongue depressors, ice bags
6. Laundry services other than personal clothing
7. Liquid soap, bathroom tissue, paper towels
8. Nursing supplies (liniments, bandages, IV fluids, irrigation solution) NOT covered by Medicaid
9. School supplies (for school aged residents)

RESIDENT'S BILL OF RIGHTS/GRIEVANCE

MaxAbilities' residential programs ensure residents enjoy to the same human, legal and civil rights enjoyed by any other community citizen. Each residential location posts the SC RESIDENTS BILL OF RIGHTS (SC Code of Laws 1985, Section 44-81-20) prominently for access by residents at any time. This posting includes phone numbers resident can contact if they feel their rights are not being met.

As a resident of a MaxAbilities facility, you or your legal guardian have the right to:

MEDICAL TREATMENT

- Choose your own physician
- Receive from your physician a complete description of your medical condition in terms you understand
- Participate in planning the care and treatment you receive
- Participate in any treatment or care changes
- Be fully informed in advance of any changes in your care/treatment that may affect your well-being
- Refuse to participate in any type of experimental test or research
- Have privacy during treatment
- Have your medical records treated with confidentiality
- Approve or refuse release of your medical records to anyone outside the facility, unless you are transferred to another location or have other third party contracts
- Be offered treatment without discrimination as to sex, race, color, religion, national origin or payment source

PERSONAL POSSESSIONS

- Have security in storing personal possessions
- Approve or refuse release of your personal records to anyone outside the facility, except as provided by law
- Keep and use personal clothing and possessions as long as they do not affect other residents' rights
- Manage your personal finances to the greatest extent possible. MaxAbilities keeps a current written financial record for each resident that includes written receipts for all personal possessions and funds/disbursements.

PERSONAL TREATMENT

- Be treated with dignity and respect
- Be free from mental and/or physical abuse. Residents are not allowed to discipline other residents.
- Be free from being restrained either physically or with drugs unless your doctor has ordered them. Emergency restraints may be necessary for protection of self/others in accordance to state law. All restraints must be approved by the Human Rights Committee.
- Be free from working or performing services for the facility unless they are for therapeutic purposes identified in your care plan. Residents are expected to participate in the maintenance of their home/personal living space as part of their therapeutic program.
- Be discharged or transferred to another program against your wishes only for: the welfare of other residents; medical necessity; non- payment and must be given notice of not less than thirty (30) days unless the discharge/transfer is for your welfare or the welfare of others and in that case MaxAbilities must provide you with a written notice within a reasonable time under the circumstances.

PERSONAL PRIVACY

- Have privacy when receiving personal care
- Have privacy when visiting a spouse
- Share a room with a spouse unless prohibited by your physician in your medical record
- Have your personal records treated confidentially
- Employ a sitter from an external employer (if your funding allows for this service- otherwise it is private pay). If this is the case, you must agree not to hold MaxAbilities liable for any matters concerning your private sitter.

COMMUNICATION

- Have you legal guardian, family members, and other relatives see you when they visit
- Refuse to see your legal guardian, family members and other relatives
- Send and receive mail with freedom and privacy
- Associate and communicate privately with persons of your choice
- Meet with your legal guardian, family members or other residents to discuss your chosen facility
- Meet with and participate in social, religious, and community group activities, unless a written medical order prohibits such activity
- Make a complaint or state a concern with no fear of retaliation

GRIEVANCE PROCEDURE

Any time you feel that you have been treated unfairly or have a concern or problem you would like to discuss, you have the opportunity to have that concern heard. MaxAbilities does have a policy on consumer grievances that can be provided upon request. The outline of that policy is noted below.

- Informal Discussion
 - The resident is encouraged to talk with the staff of their home (House Manager, Coordinator) to review the details of their concern and develop solutions to help. This is the most direct and informal manner to solve a concern.
 - If the resident feels the concern isn't addressed at the program level, they can request to discuss their concerns with the MaxAbilities Residential Director for additional assistance.
 - If the informal discussion process doesn't work, the resident can ask an advocate of their choice to assist them in submitting a formal grievance.
- Formal Grievance
 - Within 10 days, complete the formal grievance form outlining the concern and submit it to the MaxAbilities CEO.
 - The CEO will, within 20 days, arrange for the resident to meet with the Human Rights Committee to review their concern. The HRC will submit their recommendation to the CEO within 1 day of the meeting.
 - The CEO will, within 10 days, submit a written response to the resident/legal guardian of the final local recommendation.

NOTE: There are external agencies (SC P&A, SCLTCOP, DPH) that can also address a grievance. **Contact numbers for these agencies are posted** in each residential facility.

LEGAL CONSIDERATIONS

ADJUDICATION

In SC any adult over the age of 18 is considered competent and able to make decisions for themselves. In order for us to ensure that information is reviewed appropriately, please provide any copy of court documents if you have had a competence adjudication and have a court appointed legal guardian.

POWER OF ATTORNEY

In SC power of attorney documents can be developed to assist an individual in making decisions in key areas of life but allow them full decision making capacity in others. A power of attorney document must be filed with the county clerk of court to be valid and can be nullified by the individual at will. If you have any current powers of attorney documents identifying a decision maker other than you, please provide any copy of these documents for your record. This will ensure staff understand who to contact in certain circumstances.

- HEALTH CARE POWER OF ATTORNEY
- FINANCIAL POWER OF ATTORNEY

SC ADULT HEALTH CARE CONSENT ACT

SC law allows an adult over the age of 18 who is determined legally competent but in need of assistance to give true informed consent the ability to receive assistance in medical care decision making. Residential staff will provide you information to assist you and your family in identifying a medical surrogate to help you make decisions about your healthcare. It will be necessary to have contact information for the surrogate(s) on file. This form is completed annually and verified by two medical professionals.

ADVANCED DIRECTIVES

If you have any advanced directives providing direction as to your final health care wishes, please provide that information for your records. Please note that a Do Not Resuscitate (DNR) order is only valid if signed by the physician every 30 days and only enforceable with healthcare workers (such as MaxAbilities nurses). If you have not developed any advanced directives, staff can provide you with additional resources to assist you.

- LIVING WILL
- DNR

FINANCIAL INFORMATION

PERSONAL DOCUMENT SECURITY

As part of providing care, MaxAbilities will need access to documents such as social security card, Medicaid/Medicare cards, personal identification cards. In an effort to safeguard this information, the original cards are maintained in the Finance Department of our Administration offices in a locked cabinet. Limited access to these documents at program sites is a way to increase confidentiality and protect individualized documents. MaxAbilities does not list social security numbers on documents- such as plans.

RESIDENTIAL FEES

Residential services are paid for via use of Social Security benefits paid on behalf of the resident and the SCHCB (South Carolina Home and Community Based) Medicaid Waiver program. Each month the resident is billed for rent as well as care and maintenance. The monthly amount will be specifically reviewed with each resident at the time their lease is signed. Each year, MaxAbilities reviews the amount charged for residential services to ensure that the lowest possible rate is available to each resident. This amount is reviewed and approved annually by office of BHDD/OIDD as well as by the MaxAbilities Board of Directors before publication to residents/families. **NOTE: Residential fees are not charged to any family member of a residential participant.** *(Attachment A)*

RESIDENTIAL RESOURCE LIMITS

All residential participants who use the Home and Community Based (HCB) Waiver must maintain their finances under the **\$2000.00 Medicaid asset cap** to maintain program eligibility. Examples of assets that count toward the Medicaid cap include but are not limited to: real estate property, life insurance policy cash value, unprotected trust accounts, bank balances. During admission, residential staff will be asking for documentation of assets to ensure Medicaid reporting from MaxAbilities is complete and accurate. If a family is the representative payee for the resident, the responsibility to maintain Medicaid eligibility for the resident becomes their responsibility. This is vitally important as the Medicaid program is how residential services are funded.

FINANCIAL ASSETS MANAGEMENT

For residents whose assets are such that maintaining funds under the \$2000.00 Medicaid cap is difficult, there are options available to assist as noted below. Residential staff can assist in obtaining information for resident and family review as needed/requested. Please note any Medicaid protected trust or account must be managed according to rules established by the Social Security Administration (SSA).

- York County Disabilities Pooled Trust
- South Carolina ABLE Accounts
- Pre-Need Burial Accounts/Burial Insurance

FINANCIAL RESPONSIBILITIES OF RESIDENTS

As part of residential services, residents have a financial obligation to pay their expenses in a timely manner. There are items **not** covered under the rent and care & maintenance fees paid monthly by residents. These expenses are the financial responsibility of the resident. Examples of non-covered expenses include but are not limited by:

- Burial expenses (see final arrangements section)
- Medications/services/treatments/therapies not covered by medical insurance
- Medical co-pays
- Damages to property caused by the willful acts of the resident
- Recreation fees (examples: summer camp, dining out, admissions to events)
- Personal items to include hygiene items and clothing

FINANCIAL RIGHTS OF RESIDENTS

As a resident in the MaxAbilities program, you have financial rights that our agency must provide to you.

(Attachment B) Included in these rights are:

- You are not obligated to choose MaxAbilities as your representative payee

- You have the right to manage your funds and to receive assistance as needed by the person/agency of your choice (guardian, SSA appointed payee et al)
- With written authorization, MaxAbilities can assist you in maintaining your funds and/ or your benefits *(Attachments C-D)*
- Any financial assistance provided by MaxAbilities to you is done so with no associated fees as part of your residential service *(Attachments E-F)*
- Your funds will be managed separately from other funds and transaction records maintained and reviewed with you
- You will participate in the development of a financial plan that identifies your resources, financial obligations, ability to safely manage your funds and the agreed upon weekly spending amount you can afford
- Any loss of funds or property incurred due to the actions of MaxAbilities will be reimbursed to you

FINAL ARRANGEMENTS

As noted in the Financial Responsibilities section, final arrangements are the responsibility of the resident in cooperation with their family. There are resources available to help family make these arrangements if they have not been taken care of to date. If the family has made final arrangement plans for the resident, copies of burial policies, specific mortuary information and any plot identifiers will need to be added to the resident's file as a means of ensuring information is available at the time of need.

RENT WAIVERS

If a consumer doesn't have sufficient assets to cover all financial obligations, MaxAbilities has a rent waiver process in place. The waiver request is generated from the Residential Coordinator by completion of the waiver request form. The calculation takes the total amount of monthly income minus 100.00 for personal spending, minus ½ of resident earned income (from a job) to determine an amount to waive for the month. Waivers are submitted to the CEO for approval. Waivers are subject to approval or disapproval based on the information provided for review.

LEASE AGREEMENT

As part of your residential admission process, you will be reviewing and signing a lease agreement. This is a SC approved and enforceable lease that provides you with the terms of your residential rights at the identified home you are moving into. This agreement provides you with a document that outlines your renter's rights and renter's responsibilities as well as those of your landlord (MaxAbilities of York County). A copy will be retained in your residential file and you will be provided a copy once it is completed.

REFUND/ACCOUNT CLOSURES

At the end of your residential placement with MaxAbilities, you will have a funds audit to ensure any outstanding expenses are accounted for. Your account with MaxAbilities will be closed and any reimbursement due you from your personal account will be provided via check sent to your next residential location. If any rent refunds are due at the time of discharge, a check will be forwarded to your next residential location. If MaxAbilities served as your representative payee, contact will be made with the SSA to inform that MaxAbilities will no longer serve in that role. Any checks received by MaxAbilities from SSA will be

mailed back to the SSA for their redistribution. MaxAbilities does not forward SSA checks to the individual's new address. In the event of a resident's passing, any refunds will be forwarded via the probate court process.

FAMILY INFORMATION/RESOURCES:

Families that choose to maintain the Representative Payee role for their loved ones will need to work with MaxAbilities as follows:

- An accounting of all resources the resident receives or has (e.g. life insurance policies, banking totals, trusts, monthly SSA income amount) will need to be disclosed and added to the resident's financial plan. This is important to ensure continuing Medicaid compliance as residential placement depends on that funding. Further, regulatory agencies expect to be able to see a full financial picture for all residents supported by MaxAbilities during audits.
- The family will be responsible to ensure Medicaid eligibility through routine reporting of the resident's financial assets to SSA and ensuring that MaxAbilities is aware that all compliance requests are completed in a timely manner.
- The family will need to work with MaxAbilities to ensure any periodic reporting documents are completed in a timely manner (e.g. HUD recertifications for HUD operated residential programs).

Families are able to receive monthly financial reports for any MaxAbilities managed funds for their family member if they choose to request these.

WHAT TO EXPECT IN YOUR NEW HOME....

Welcome to your new home! We are excited to have you and we hope to help you make your home as comfortable as possible. We ask you and your family assist us in that goal. Listed below are some processes you need to be aware of so you can transition smoothly into your new home.

TRANSITION

It is common to feel nervous about a new living situation. Sometimes it makes it easier to make the transition if you stay in your new home for a few weeks before going on a home visit. It helps you get organized, to develop a new routine and to become familiar and comfortable with your new housemates. Families can assist in the transition process by working with residential management staff in developing a visitation schedule that places a smooth transition as a priority for the first 30 days following a move as a general rule.

ASSESSMENT/PLAN

During your first thirty (30) days, you will be working closely with staff and your Coordinator on a thorough skills assessment package and the ultimate development of your care plan. The plan will outline your personal life goals, your strengths, areas you may want to work on, medical care needs and will develop strategies to build skills through training. You will be able to include anyone who is important to you and can decide who leads (facilitates) this plan development session.

SMOKE FREE FACILITIES

MaxAbilities operates many residential programs throughout York County, SC. In an effort to promote a high degree of home safety and resident health, all internal areas of our programs are smoke free. There are smoking areas outside our homes for residents and visitors who wish to smoke. Residents will be assessed as to their safety having lighters/matches in their possession as part of the intake assessment process.

HOME ACCESS

As part of your move in process, you will sign a lease agreement to live in your new home. The lease agreement outlines expectations MaxAbilities has for you and expectations you should have for MaxAbilities. The lease agreement states that you will be given a key to your bedroom and a door code to get into the front door of the home at admission. It is your responsibility to keep up with the keys you receive and the code you are given. MaxAbilities gives you one key free. If you lose the key, you must pay a replacement fee to obtain another.

HOUSE AGREEMENTS

Decision making with housemates can be a challenge at times. You share your home with other residents and you must work together to determine the way you want your home to operate. Staff will assist you in discussing key decision points and together you and your housemates decide on the rules of your home. This will be a discussion you will have soon as you are a new resident- and you should have your voice heard. Once House Agreements are determined by you and your housemates, they will be typed and posted for you all to review at will. House Agreements can be updated at any time but must be reviewed when a new resident moves in and at least annually.

MONTHLY RESIDENT MEETING

Every month, staff will talk with you and your housemates about a variety of things to ensure that the home is running well and that residents are involved in the day to day decision making of the home. These are voluntary meetings but we encourage you to participate. You can bring up any topic you would like to discuss at the meeting. Every month the following discussion topics will be reviewed:

- Resident Rights
- Identifying Abuse, Neglect, Exploitation
- Upcoming York County community events- where do you want to go/ what do you want to do?
- Menus/ Grocery Needs
- Division of domiciliary activities (table setting, dishwashing, household cleaning, kitchen, meal assistance etc.)

CONDUCT

Respect is important in any living arrangement and it is important in your new home. You need to respect the rights of your housemates and they need to respect yours. Ways you can respect others includes speaking politely, staying out of the rooms of others unless they specifically invite you in, leave the possessions of others alone, close the bathroom door when you are in there and respect a closed door when someone else is

in a private moment. It is also important that you maintain your personal hygiene in a way that is not offensive to your housemates (shower, use deodorant, body spray, wash your hair and clothing).

PERSONAL POSSESSIONS

Upon admission, an inventory of your personal possessions will be documented and retained in your file. This includes clothing, adaptive health equipment and any personal items/furniture item valued at \$100.00 or higher. Possessions inventories are maintained in a current fashion and reviewed quarterly by residential management staff. Any personal item owned by a resident that is lost or broken through the act of staff or as a result of a failure to monitor will be replaced by the agency.

PERSONAL POSSESSIONS DISPOSITION *(Attachment E)*

There are times when clothing no longer fits, needs replacement and personal items break or need to be replaced. In an effort to assist in maintaining your room in a neat manner and to ensure you have adequate storage space, the removal of items becomes a necessity. During admission, you will complete a form that provides us with direction on how to dispose of clothing items you no longer wish to retain at the facility. Please note that MaxAbilities doesn't have extra storage capacity for personal items not retained in your rented space. You need to exercise caution in purchases of furniture, exercise equipment and other large items. Items that you cannot store safely in your room will need to be taken off site by family for storage or you will need to rent storage space to house those excess items.

MEALS/MENUS

There are dietician developed menus available in every residential program. The menu service MaxAbilities uses is web-based and called My25. Each of these menus are able to be adapted to meet a variety of special dietary needs (low sodium, weight reduction, controlled carbohydrate etc.). The menus available are designed to ensure a healthy daily diet for each of our residents. Each week the menu is reviewed with residents to determine if any desired substitutions are needed to ensure satisfaction with the food provided. Meals are prepared cooperatively with staff and residents and provided at regular intervals throughout the day. Residents are free to choose when, where and with whom they would like to eat their meals- as long as they comply with any dietary or safety requirements in their care plan.

DAILY SCHEDULES

Residents are encouraged to manage their own schedules to the extent possible. There are not set times to get up in the morning or go to bed at night; but, there is an expectation that the resident be able to maintain their schedules sufficiently to get to their required locations on time and to not impede the schedule of a housemate. Training on the use of alarm clocks and visual schedules is available as needed to all residents. All residents should be courteous regarding noise levels both in the early morning and late evening so as not to disturb housemates. Scheduling is an area of review in the House Agreements meetings.

PHONES

There is a house phone available for use by all residents. It is typically a cordless phone that allows the individual privacy when making calls. The use of the house phone requires courteous use- that allows all

individuals the opportunity to use the phone and for business calls to get through. If a resident wishes to have a landline phone in their room, they are responsible for all changes associated with that phone line installation and operation. If a consumer wishes to have and can afford a cell phone, they have that option as well. Cell phone charges are the responsibility of each resident owning one.

CABLE

Basic cable TV is available in the home- common areas and bedrooms. Any cable service beyond basic cable that a resident desires in their private room, they can obtain but will be financially responsible for those additional services.

SAFETY DRILLS

Residents must participate in all agency monthly safety drills (Fire, Disaster, Evacuation). Each drill receives an evacuation score and these results are important. Failure to cooperate with safety drills could affect the program's ability to meet your needs- which might necessitate a different placement location.

VISITORS/ HOME VISITS *(Attachment F)*

Residents can have visitors as they choose. Visitors and home safety are topics of discussion and agreement in House Agreement meetings. Visitors must follow the House Agreements set by the individuals who live in the home. Privacy of other residents must always be respected by visitors. We will ask you for a listing of important family and friends you want us to be aware of so we can ensure your record includes them as important people in your life. Families are asked to provide advanced notice if taking you away on a home visit- so your medications and other health related items can be prepared for you to take. Families will be asked to sign for medications taken away from the facility.

PRIVACY

Residents are encouraged to exercise privacy rights at all times. Lockable bedroom and bathroom doors are available to ensure wanted privacy. Lockable storage is available in bedrooms. Residents are also encouraged to respect the privacy rights of their housemates.

STAFFING PRIVACY ISSUES

MaxAbilities has direct care staff to assist residents in completing all necessary activities of daily living (ADLs) and we recognize that assistance in completing personal care can make a resident feel vulnerable. To ensure that needed care is provided in the most respectful manner possible, we strive to ensure that same sex direct care assistance is available. We do have both male and female administrative staff (Residential Coordinators) assigned to our residential programs. These are support positions that do administrative tasks not staff that do direct care/personal care tasks. In the event of a direct care staffing emergency in a home managed by an opposite sex Coordinator, they will operate the schedule in such a way that a male Coordinator will not work with female residents in the completion of direct care tasks. Coordinators will be in the program during peak hours to ensure the program operates effectively.

SEXUAL EXPRESSION

MaxAbilities realizes that all individuals have sexual expression needs, wants and desires. All residents are assessed for issues related to safety and informed consent and as needed training is provided in maintaining personal safety in this area.

RELIGION

All residents are supported to participate in the religion of their choice should they so choose. The opportunity to attend religious services will be offered to all residents. Residents having preferences need to communicate those to staff who will assist in arranging transportation to desired community churches.

ALCHOLIC BEVERAGES

Residents wishing to drink alcoholic beverages who take routine meds must have a statement from their physician verifying that the alcohol will not interfere with their medication regimen in an unsafe way. Individuals who choose to drink alcoholic beverages must agree not to offer these beverages to other residents.

AGGRESSIVE BEHAVIOR

MaxAbilities provides residential habilitation to a variety of individuals at different stages of life and with different abilities to tolerate stressors effectively. MaxAbilities hires a behavior specialist and a BCBA to work with residents exhibiting behavioral concerns individually. Aggression in any form is not acceptable behavior. Behaviors that endanger the resident, others or the environment will be addressed immediately up to and including law enforcement intervention. Lesser aggressions (theft, verbal aggression) will be addressed via the team meeting process. At all times, all residents are encouraged to be courteous and cooperative with their housemates and to remember the house agreement decisions made by all living in their home.

PHOTO RELEASE

MaxAbilities does need authorization to take photos of you. We want to respect the privacy of our residents if they do not want their photos taken. You will be provided with a photo/media release to review and sign for both MaxAbilities and the City of Rock Hill Parks and Recreation program (for Miracle League activities) as part of the residential admission process.

ADMISSION CONSENTS

The next pages in this packet are forms for you and your family to review and sign. They are agreements that we will work together to ensure you have a safe and productive stay in a MaxAbilities residential program. If at any time you need another explanation, please ask and we will be happy to review that section with you again.

MAXABILITIES OF YORK COUNTY- RESIDENTIAL ADMISSION PACKET
 INFORMED CONSENT FOR RESIDENTIAL ADMISSION

RESIDENT NAME	
RESIDENTIAL PROGRAM	
ADMISSION DATE	

You are being admitted to a program that provides services to individuals who have a lifelong need for a service to address an issue related to ID, ASD, TBI, SCI. You have been deemed eligible for this locally provided service by the Office of Behavioral Health & Developmental Disabilities/ Office of Intellectual & Developmental Disabilities (BHDD/OIDD). This facility will meet your health and room and board needs. You must agree to participate in the skills training provided by MaxAbilities that is part of this service.

You will have a physician and other medical professionals of your choice in the community. While you are under the residential services supervision, unlicensed but trained personnel may give medical treatments and medications to you.

Should you need any medical or surgical treatment, you will be notified and your consent solicited. If you are unable to consent due to this medical condition, your pre-determined medical surrogate (if applicable) will be contacted for such consent.

All admissions to MaxAbilities residential services are voluntary. If you wish to leave- you may. However, staff may, in an emergency situation, contact authorities to ensure you are not placing yourself in immediate jeopardy due to your decision.

You will be receiving a copy of this handbook for your records and for future reference.

Your decision to continue with the admissions process represents your consent to receive all treatment and training identified in your individualized care plan and the generic services which the program is required to provide.

The material contained in this consent has been explained to me orally. I have had an opportunity to ask questions and have them answered.

 Signature of Resident

 Date

 Signature of Witness/Family Representative

 Date

To the best of my knowledge and belief, the resident that signed this consent is not a minor and has not been legally adjudicated incompetent. He/She knowingly and voluntarily requested admission and appears to understand the nature of this program.

 Signature of Person Obtaining Consent

 Date

MaxAbilities of York County

Attachment A

Residential Services: Service Cost Statement/ Fee Schedule

The following clarifies what constitutes costs chargeable to each consumer's personal funds and costs inclusive within the MaxAbilities basic per diem rate. Personal funds should provide for a consumer's personal desired items while the basic rate provides for a resident's food, room, and personal needs. The following listing is not all inclusive but representative of the major areas of program costs.

- I. Charges not inclusive in the MaxAbilities Basic Rate
Provision of services contingent upon a thorough evaluation of the needs of each resident will be requested through the Home and Community Based Medicaid Waiver if covered under this program.
 1. Dental Services
 2. Dietary/ Nutritional Services
 3. Medical Services
 4. Nursing Service
 5. Pharmacy Services
 6. Physical and Occupational Therapy
 7. Speech Pathology and Audiology
- II. Charges inclusive in the MaxAbilities Basic Rate
 1. Training and Habilitation Services
 2. Minor medical supplies
 3. Use/ utilization of equipment and facilities
 4. Patient gowns, water pitchers, basins, bed pans
 5. Alcohol, applicators, cotton balls, band-aids, antacids, aspirin, suppositories, tongue depressors, ice bags
 6. Laundry services other than personal clothing
 7. Liquid soap, bathroom tissue, paper towels
 8. Nursing supplies (liniments, bandages, IV fluids, irrigation solution) not covered by Medicaid
 9. School supplies
- III. In accordance with MaxAbilities policy, each resident will be provided with reasonable access to his/her financial records and personal funds.
- IV. Each resident's personal funds received by MaxAbilities for holding, safeguarding, and account will be kept separate from the other MaxAbilities funds.
- V. The resident's Circle (interdisciplinary team) will determine the resident's capability in managing their own finances with no assistance from staff. Consumers, who are independent in managing his/her own finances, will maintain his/her own checkbook. This account may be set up without a co-signature. The resident will make sure bills are paid on time. The resident will reconcile his/her own account on a monthly basis. The resident's Circle will determine if a resident can manage some aspects of their money but not totally independently. In this case, staff will assist in the areas needed. For example, if a resident can write checks independently, he/she will do so. The Circle will review resident's Financial Plan annually and as needed to note progress toward managing account independently.
- VI. A copy of the MaxAbilities fee schedule will be provided to each resident upon admission to residential services and as updates are made. The MaxAbilities Board of Directors determines fees as part of their fiduciary role.

MaxAbilities of York County
Residential Services: Service Cost Statement/ Fee Schedule

Resident's Name: _____ Date of Admission: _____

The service cost statement and fee schedule has been explained to me and I understand how they affect me. I have received a copy of the current MaxAbilities fee schedule.

Resident's Name (Print): _____	Residence: _____
Resident's Signature: _____	Date: _____
Witness: _____	Date: _____

The service cost statement and fee schedule has been explained to me and I understand how they affect my relative/ consumer for whom I am responsible. I verify the resident received a copy of the current MaxAbilities fee schedule. I understand that I am signing on his/her behalf.

Name (Print) _____			
Relationship to Resident (Please check one):	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Responsible Party
Signature: _____	Date: _____		

I have explained the service cost statement and fee schedule to the above noted resident. I have provided a copy of the current MaxAbilities fee schedule.

MaxAbilities Staff Name (Print) _____	
Title: _____	
Signature: _____	Date: _____

MaxAbilities of York County
Residential Services Statement of Financial Rights

Attachment B

1. A resident is not required or obligated to deposit funds with MaxAbilities.
2. A resident has the right to receive, retain and manage his/her personal funds, have this done by a legal guardian, apply to the SSA to have a representative payee designated, designate another person to manage them or authorize MaxAbilities to hold, safeguard, and account for his/her personal funds. This right is not applicable where the SSA has appointed a representative payee.
3. MaxAbilities shall hold, safeguard, and account for a resident's personal funds only upon written authorization by the resident, parent, guardian or other responsible party or if MaxAbilities is appointed as the resident's representative payee.
4. MaxAbilities will not charge any resident to hold, safeguard, and account for personal funds but shall include any charges for this service in the basic per diem rate.
5. In accordance with policy, current written consumer records of all financial transactions will be maintained documenting a resident's personal funds which MaxAbilities has given for holding, safeguarding and accounting.
6. In accordance with policy, each resident will be provided with access to his/ her own financial records and personal funds.
7. Each resident's personal funds received by MaxAbilities for holding, safeguarding and accounting will be kept separate from MaxAbilities funds.
8. Each resident who becomes incapable of managing his/her personal funds will be referred to an appropriate agency. In the time period between notification to the appropriate agency and the actual appointment of a guardian or representative payee, MaxAbilities will serve as temporary representative payee. If assistance in handling funds is needed now, the care plan for the resident will specify such assistance.
9. Each resident will have a financial plan outlining minimum amounts of personal spending money to be made available each month.
10. Each resident will be reimbursed by MaxAbilities for any personal funds lost as a result of theft or misuse.

MaxAbilities of York County
Residential Services Statement of Financial Rights

Resident's Name: _____ Date of Admission: _____

The financial rights statement has been explained to me and I understand how they affect me. I have designated MaxAbilities to manage my personal financial affairs in a manner consistent with my financial plan.

Resident's Name (Print): _____	Residence: _____
Resident's Signature: _____	Date: _____
Witness: _____	Date: _____

The financial rights statement has been explained to me and I understand how they affect my relative/ consumer for whom I am responsible. I understand that I am signing on his/her behalf.

Name (Print) _____			
Relationship to Resident (Please check one):	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Responsible Party
Signature: _____	Date: _____		

I have explained the financial rights statement to the above noted resident. He/she has indicated an understanding of and acceptance of these rights.

MaxAbilities Staff Name (Print) _____	
Title: _____	
Signature: _____	Date: _____

Residential Services: Financial Authorization for Management of Personal Funds

Resident's Name: _____ Date of Admission: _____

Management of Funds Authorization:

I hereby DO authorize DO NOT authorize MaxAbilities of York County to manage personal funds which are the personal property of (list resident's name)_____. The personal funds referred to in this document include but are not necessarily limited to, benefits from the Social Security Administration, Veterans Administration, Supplemental Security Income, Wages, or funds received from parents, organizations and friends.

I have designated MaxAbilities to manage my personal funds.

Resident's Name (Print): _____ Residence: _____

Resident's Signature: _____ Date: _____

Witness: _____ Date: _____

I have discussed funds management options for the above named resident with MaxAbilities staff. I understand that I am signing funds management authorization on his/her behalf.

Name (Print) _____

Relationship to Resident (Please check one): Parent Guardian Responsible Party

Signature: _____ Date: _____

I have explained the funds management options to the above noted resident.

MaxAbilities Staff Name (Print) _____

Title: _____

Signature: _____ Date: _____

Sworn by me on this _____ day of _____,
20_____.

Notary Public for South Carolina

My Commission expires: _____

MaxAbilities of York County

Attachment D

Residential Services: Authorization for Application and Management of Entitlements/Benefits

Resident's Name: _____ Date of Admission: _____

Application For Benefits:

I hereby DO authorize DO NOT authorize MaxAbilities of York County to research and apply for any and all financial aid/ government benefits available to (list resident's name)_____. The financial aid referred to in this document includes but is not necessarily limited to Social Security, Title XIX-Medicaid, VA Pension, Health Insurance and CHAMPUS.

I have designated MaxAbilities to apply for entitlements/ benefits I am entitled to.

Resident's Name (Print): _____ Residence: _____

Resident's Signature: _____ Date: _____

Witness: _____ Date: _____

I have discussed entitlement/benefits options for the above named resident with MaxAbilities staff. I understand that I am signing benefits authorization on his/her behalf.

Name (Print) _____

Relationship to Resident (Please check one): Parent Guardian Responsible Party

Signature: _____ Date: _____

I have explained the entitlements/benefits application process to the above noted resident.

MaxAbilities Staff Name (Print) _____

Title: _____

Signature: _____ Date: _____

Sworn by me on this _____ day of _____,
20_____.

Notary Public for South Carolina

My Commission expires: _____

MAXABILITIES OF YORK COUNTY STATEMENT OF RESIDENT'S RIGHTS

As a resident of a MaxAbilities facility, you or your legal guardian have the right to:

MEDICAL TREATMENT

- Choose your own physician
- Receive from your physician a complete description of your medical condition in terms you understand
- Participate in planning the care and treatment you receive
- Participate in any treatment or care changes
- Be fully informed in advance of any changes in your care/treatment that may affect your well-being
- Refuse to participate in any type of experimental test or research
- Have privacy during treatment
- Have your medical records treated with confidentiality
- Approve or refuse release of your medical records to anyone outside the facility, unless you are transferred to another location or have other third party contracts
- Be offered treatment without discrimination as to sex, race, color, religion, national origin or payment source

PERSONAL POSSESSIONS

- Have security in storing personal possessions
- Approve or refuse release of your personal records to anyone outside the facility, except as prohibited by law
- Keep and use personal clothing and possessions as long as they do not affect other residents' rights
- Manage your personal finances to the greatest extent possible. MaxAbilities keeps a current written financial record for each resident that includes written receipts for all personal possessions and funds/disbursements.

PERSONAL TREATMENT

- Be treated with dignity and respect
- Be free from mental and/or physical abuse. Residents are not allowed to discipline other residents.
- Be free from being restrained either physically or with drugs unless your doctor has ordered them. Emergency restraints may be necessary for protection of self/others in accordance to state law. All restraints must be approved by the Human Rights Committee.
- Be free from working or performing services for the facility unless they are for therapeutic purposes identified in your care plan. Residents are expected to participate in the maintenance of their home/personal living space as part of their therapeutic program.
- Be discharged or transferred to another program against your wishes only for: the welfare of other residents; medical necessity; non- payment and must be given notice of not less than thirty (30) days unless the discharge/transfer is for your welfare or the welfare of others and in that case MaxAbilities must provide you with a written notice within a reasonable time under the circumstances.

PERSONAL PRIVACY

- Have privacy when receiving personal care
- Have privacy when visiting a spouse
- Share a room with a spouse unless prohibited by your physician in your medical record

- Have your personal records treated confidentially
- Employ a sitter from an external entity (if your funding allows for this service- otherwise it is private pay). If this is the case, you must agree not to hold MaxAbilities liable for any matters concerning your private sitter.

COMMUNICATION

- Have you legal guardian, family members, and other relatives see you when they visit
- Refuse to see your legal guardian, family members and other relatives
- Send and receive mail with freedom and privacy
- Associate and communicate privately with persons of your choice
- Meet with your legal guardian, family members or other residents to discuss your chosen facility
- Meet with and participate in social, religious, and community group activities, unless a written medical order prohibits such activity
- Make a complaint or state a concern with no fear of retaliation

The above rights have been explained to me and I have been notified a copy of the SC Resident’s Rights are posted in my home. I have been further notified that contact numbers for voicing concerns are posted in my home if I feel I should need them. I have been shown the location for the Rights posting and phone contact information.

Resident Signature

Date

Witness Signature

Date

Staff Member Providing Explanation Signature

Date

MAXABILITIES OF YORK COUNTY
STATEMENT OF RESIDENT’S RESPONSIBILITIES

1. As a resident of this home, I may exercise my rights but I must also take responsibility for my actions.
2. Although I may ask to leave MaxAbilities services, I must understand that my safety must be secured prior to my leaving.
3. When an individualized program is designed with me to assist me in reaching my chosen life goals, it is my responsibility to actively participate in the program.
4. It is my responsibility to tell those persons working with me of any difficulties that hinder my success in reaching my program goals. It is my responsibility to work with staff to actively find solutions to these situations.
5. If I have a job, I have the responsibility to report to work on time, dressed appropriately and to follow the instructions of my supervisor.
6. It is my responsibility to respect the freedom and rights of my peers, housemates and staff. I understand that I have to take responsibility and accept any natural consequence for violating the rights of others.
7. It is my responsibility to respect the privacy of others including items such as money, clothing, and their rented spaces (bedroom) as well as respect their personal privacy when in their room or in the bathroom.
8. I understand I have the right to send and receive mail and make phone calls but I have the responsibility to pay for the postage and long distance charges I may incur.
9. I understand that my records are private and that they include all necessary information about me. I understand they are truthful and necessary to ensure all my needs are addressed.
10. I have the right to visitors and privacy during visits. I have the responsibility to ensure that my visits don’t infringe on the rights of my housemates or cause a safety concern of other residents.
11. It is my responsibility to seek someone to talk to if I have problem.
12. It is my responsibility to pay for willful damages done by me to my home and any personal property of a housemate or co-worker.

Resident Signature

Date

Witness Signature

Date

Staff Member Providing Explanation Signature

Date

**MaxAbilities of York County
Request to Open Collective Account Sub-Account**

Consumer Name:	_____		
Residential Program Type (CRCF, CTH 2, etc.):	_____		
Residential Program Location:	_____		
Admission Date of Consumer to Program:	_____		
Type and Amount of Benefits Anticipated (check those that apply):	SSA	<input type="checkbox"/>	<u>Amount</u>
	SSI	<input type="checkbox"/>	_____
	Other	<input type="checkbox"/>	_____
	Other explanation:	_____	_____
Social Security Number of Consumer:	_____		
Other Benefit Identification Numbers Known:	_____		
Name of Person Completing This Form:	_____		
Job Title of Person Completing This Form:	_____		
Date of Completion:	_____		

**Beneficiary True Link Protection VISA Prepaid Card Use
Procedures Acknowledgement Form**

TERMS OF TRUE LINK PROTECTION VISA PREPAID CARD USE

- It can only be used to purchase items or services approved in the Beneficiary’s Financial Plan or otherwise approved in accordance with the MaxAbilities of York County policies and procedures.
- It cannot be used to pay for items that are not in the best interest of the Beneficiary
- It cannot be used to access cash in any way
 - No cash withdrawals at ATMs, in banks, or after a purchase
 - IT cannot be resold or transferred for cash
 - It cannot be used to draw funds independently from the account
- It cannot be used to pay for a service already paid for by another source
- The intent of the True Link Protection VISA Prepaid Card is that at all times when it is in the Beneficiary’s or staff’s possession it cannot be used for inappropriate or unapproved purchases, If there is any attempt to evade these restrictions, it will be taken away.
- All purchases on the True Link Protection Prepaid Card must be made for the sole benefit of the Beneficiary.

RECEIPTS ARE REQUIRED

- The Beneficiary and/or staff are responsible for saving all receipts from purchases made with the True Link Protection VISA Prepaid Card.
- All receipts must be properly labelled with the Beneficiary’s name
- All receipts must be returned to the Finance Department on at least a weekly basis
- Failure to send receipts may result in suspension of access to the True Link VISA Prepaid Card.

The undersigned agrees to the rules set out in this Procedures Acknowledgement Form. The undersigned certifies that they have discussed these rules with the Beneficiary as noted below. If these rules are not followed or if the True Link Protection VISA Prepaid Card is misused in any way, privileges will be revoked.

Beneficiary’s/ Guardian’s Printed Name	Beneficiary’s (Guardian if applicable) Signature	Date
--	--	------

Staff Printed Name	Staff Signature	Date
--------------------	-----------------	------

Please return this signed Acknowledgement Form to: consumerfunds@maxabilities.org

MAXABILITIES OF YORK COUNTY
CLOTHING DISPOSITION

Your personal possessions are monitored via:

- Clothing Inventory
- Possessions Inventory

These tools help us ensure that your possessions are monitored periodically and are available for your use. Families can assist us in maintaining correct records by letting the House Manager know when items are delivered or taken during visits. This forms relates only to the clothing inventory.

During your stay in a MaxAbilities facility, you may have clothing that becomes worn, is no longer in style, or no longer fits. In order for MaxAbilities to assist you in maintaining clothing that provides service to you, items will periodically need to be removed and replaced with new items. In the case of fluctuating weight, clothing in good repair but not fitting can be packed and stored under the bed if it is deemed to possibly be needed at a future date. We are asked for your input on how to deal with clothing that needs to be removed from service.

Please review all three choices and check the box by your preference for clothing removal.

- All clothing that is no longer fit for use by the resident (as noted above) may be discarded by MaxAbilities according to their disposition procedures and documented on the clothing inventory. I do not need to be notified of this action.

- Please save all clothing no longer fit for use by the resident. I will dispose of them myself.

- Any items not fit for use may be donated to a local charity (such as Goodwill or Tender Hearts) and documentation of donation maintained on the clothing inventory. I do not need to be notified of this action.

Resident Signature

Date

Witness Signature

Date

Staff Member Providing Explanation Signature

Date

MAXABILITIES OF YORK COUNTY
 APPROVED VISITORS LISTING

MaxAbilities wants to ensure that residents have the opportunity to have visitors of their choosing but also want to be aware of any potential safety or legal concerns that may arise with visitors.

Please list all individuals who are approved as visitors:

Name	Relationship	Contact Information

Please list all individuals who ARE NOT approved as visitors and a brief description as to why and steps to take if they arrive at the program.

Name	Concern	Steps to Take

 Resident Signature

 Date

 Witness Signature

 Date

 Staff Member Providing Explanation Signature

 Date

MAXABILITIES OF YORK COUNTY
STATEMENT OF LEGAL GUARDIANSHIP STATUS

Resident: _____ DATE OF ADMISSION _____

Please select and complete the correct statement for your resident.

It is my attestation that the above noted resident **HAS NOT** been adjudicated incompetent in accordance with state law. He/She has the same legal rights and responsibilities as any other adult citizen of South Carolina.

Resident Signature

Date

Witness Signature

Date

Staff Member Providing Explanation Signature

Date

It is my attestation that the above noted resident **HAS** been adjudicated incompetent in accordance with state law. I have provided documentation to verify the court adjudication as well as the name and contact information for the court appointed guardian for the above noted resident.

Resident Signature

Date

Witness Signature

Date

Staff Member Providing Explanation Signature

Date

In the event the court appointed guardian is unable to uphold their duties as they relate to this resident (i.e. serious illness/death), please provide a list of relatives or close friends that might be contacted for assistance in ensuring all legal decision-making supports are available to the resident.

Name	Relationship	Contact Number/ Address
1.		
2.		
3.		

**MAXABILITIES OF YORK COUNTY
STATEMENT OF INFORMED CONSENT NEEDS**

RESIDENT: _____ DATE OF ADMISSION: _____

The above noted individual has not had a competence adjudication and has all the rights of adult citizenship. In the case of medical procedures and emergency medical situations, often doctors will deem a person unable to provide informed consent. In that case, a surrogate consent giver is necessary.

In keeping with the SC Adult Health Care Consent Act (AHCCA) a surrogate consent giver can be identified from a hierarchy listing moving from spouse and parents to siblings, close friends and in a last resort the CEO of MaxAbilities in cooperation with BHDD/OIDD may serve in this capacity.

The AHCCA consent form is the responsibility of two medical professionals to complete and review annually. MaxAbilities needs your assistance to ensure that the correct consent givers are identified and placed on the consent form. Please assist us by provided a listing below of individuals who can provide consent in both routine and emergency health care situations. This information will be provided to the medical staff responsible for consent form completion- if applicable for you or your family member. We urge you to list several names of varied generations- as your resident may be with us for many years.

Name (Please PRINT)	Relationship	Contact Information

Staff Member Providing Explanation Signature

Date

**MAXABILITIES OF YORK COUNTY
RELEASE OF HEALTH INFORMATION**

MaxAbilities is required to ensure HIPAA (Health Insurance Portability and Accountability Act) protections are in place as it relates to the personal health information of its residents. We are also required to assure that adequate health care is provided to each of our residents.

Individuals and families are able to choose their medical providers. Families often prefer to attend medical appointments with their family members. This is up to each resident to decide. However, if MaxAbilities is to provide healthcare according to medical orders- MaxAbilities has to access medical information to obtain said orders. We cannot provide healthcare without written doctor’s orders. **To this end, MaxAbilities requests to be listed on the HIPAA information release forms at local doctor’s offices for individuals receiving residential care.** This will allow us to obtain written medical reports for the resident’s file and to receive written prescriptions for new medication orders in a timely manner.

Please provide a listing of your family members current medical providers:

General Practitioner	Address	Phone Number
Dentist	Address	Phone Number
Eye Doctor	Address	Phone Number
Psychiatrist	Address	Phone Number
Other/Specify:	Address	Phone Number
Other/Specify:	Address	Phone Number

To Whom It May Concern:

This is to authorize MaxAbilities of York County, who is providing residential services to the above noted individual, to have access to medical reports and medical updates. I am requesting the HIPAA notifications at your medical office to be updated to include a MaxAbilities of York County contact so medical care can be coordinated and continuity of care realized.

Resident Signature

Date

Witness/ Family Representative/Guardian Signature

Date

MAXABILITIES OF YORK COUNTY

MEDICAL HISTORY SURVEY

Resident: _____ DOB: _____ Date of Admission: _____

In an effort to ensure that we have a comprehensive health history on our new resident, any information on past medical issues and family history will be very helpful for our agency medical professionals.

Current Health Concerns/Diagnoses:

Health Issues	Treatments	Medical Monitoring Needed

Historical Health Concerns/ Surgeries

Heath History Concern	Treatment/ Dates	Medical Monitoring Provided

Known Allergies/ Drug Sensitivities

Allergen/ Drug	Reaction	Last Time It Occurred

Current Vaccinations

Type	Date	Type	Date	Type	Date
Hepatitis B Series		Flu Shot		Pneumonia Shot	
Tetanus Shot		MMR		Shingles Vaccine	

Seizure History: Yes No

If yes, list most recent seizure and any known seizure triggers: _____

Family Health History

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
Heart Problems			Cancer			Blood Clots		
Respiratory Conditions			Stroke			Diabetes		
Dementia			Glaucoma/Cataracts			Osteoporosis		

Resident Signature

Date

Witness/ Family Representative/Guardian Signature

Date

MAXABILITIES OF YORK COUNTY

FINAL ARRANGEMENTS

RESIDENT NAME: _____ DATE OF BIRTH: _____

DATE OF ADMISSION: _____ RESPONSIBLE PARTY: _____

In case of death, when possible, I choose to be notified by:

Telephone Personal Contact Clergy Other (Specify) _____

Burial Arrangements Have Been Made: Yes No

If yes, please provide the following information to include copies of policies

Specifics of Pre-Need Arrangements:

Total amount of pre-need policy: _____

Policy includes (check all that apply):

burial plot burial vault/grave preparation casket/urn funeral service headstone/marker

Funeral Home: _____ Address: _____

Funeral Home Contact Person: _____

Burial Plot Location: _____

Planning and Financial Responsibility to be Assumed by:

Name (Signature) Relationship Date

If no plans are finalized, please review statement and sign below:

I am aware that the family is responsible to assist the above noted resident in determining both final expenses and in identification of payment for those expenses. **I have been made aware that MaxAbilities does not assume financial responsibility for the payment of burial expenses.** MaxAbilities will provide information on available pre-need burial and burial insurance options that are Medicaid friendly upon request.

Resident Signature

Date

Witness/Family Representative Signature

Date

Staff Member Providing Explanation Signature

Date



NAME: _____

Adults

Photography/Media Release: I grant permission to MaxAbilities to take photographs or video of me/ my adult family member and to use and distribute for publication any and all such photographs, video, news releases and stories for the purpose of educating the public about agency services. I hereby relinquish any right, title and interest I may have in such media materials and grant MaxAbilities the right to use these products.

Consumer Signature:

Date:

Parent/Guardian Signature:

Date:

Children

Photography/Media Release: I grant permission to MaxAbilities to take photographs or video of my child and to use and distribute for publication any and all such photographs, video, news releases and stories for the purpose of educating the public about agency services. I hereby relinquish any right, title and interest I may have in such media materials and grant MaxAbilities the right to use these products.

Parent/Guardian Signature:

Date:



THERAPEUTIC RECREATION PROGRAMS PHOTO/FILM RELEASE

Participant Name _____ DOB _____ City Resident? _____

Address _____ City _____ Zip Code _____

Guardian's Name _____ Phone _____

Guardian's email _____

*We will not share your email with anyone outside of Rock Hill PRT.

Emergency Contact (We will notify the Guardian first. If we cannot reach you, we will call the person you list below.)

Name _____ Phone _____ Relationship _____

PARTICIPATION RELEASE

I hereby authorize the City of Rock Hill and its photographic agents to take and utilize photographs and videos of me (or my child) for the purpose of promotion and advertising.

I understand that these photos may also be used for marketing purposes on social media sites such as Facebook, Twitter, Instagram, etc.

I am the guardian of the above specified child/ward. I have read and fully understand the above releases. I also agree that I and my child/ward will be bound by these agreements and that I have the right to revoke permission at any time.

Signed: _____ Date: _____

MAXABILITIES OF YORK COUNTY
RESIDENT HANDBOOK RECEIPT ACKNOWLEDGMENT

RESIDENT: _____ DATE OF ADMISSION: _____

I have had the opportunity to review the MaxAbilities Resident Handbook with a MaxAbilities staff member.

I have had the opportunity to have a family member, guardian or trusted friend participate in this review with me.

I have had the opportunity to ask questions and have those questions answered.

I am signing to verify that I have received a copy of the MaxAbilities Resident Handbook.

I have been informed that if processes change in the future, those changes will be provided to me in writing for my records.

I have had the SC Long Term Care Resident’s Rights information reviewed with me to include location in my home of this posting.

I have also been notified of the phone numbers I can call if I have a concern or complaint about the services provided to me.

My signature below attests that this information is true and at this time I have no additional questions:

Resident Signature

Date

Witness/Family Representative Signature

Date

STAFF ATTESTATION:

I attest that I have reviewed the entire contents of the MaxAbilities Resident Handbook with the above noted resident.

I have provided opportunity to have questions answered.

I have obtained all required signatures to complete residential admission.

Staff Member Providing Explanation Signature

Date