

# Resident Agreement Sample Form

## 5122-30-24 Class Two Residential Facility

Name of Facility , a Class 2 Residential Facility

agrees to provide room and board, accommodations, supervision, and personal care services, as stated in this agreement, effective on the date of admission to the facility, for the resident listed below.

for , the resident.

Admission Date

The monthly charge for these provisions in a :Private Room is \$  Double Occupancy is \$

Payment is due by the  day of each month.

Provisions for exceptions, late payments, security deposits, if any, are as follows:

No charges, fines, or penalties will be assessed against the resident other than those stipulated in this agreement. Should an increase in the charge for provided services become necessary, the operator shall give the resident and/or responsible party at least 30 days verbal and written advance notice.

For a resident receiving RSS, the monthly charge for room and board, supervision and personal care services shall not exceed the amount specified in Chapter 5122-36 of the Administrative Code. The allowable fee paid by the resident is \$1,100.00.

At no time shall the staff or operator of a facility assume payeeship for a resident's income, require income checks to be signed over to or be cashed by facility staff, nor in any manner establish controls over the handling of any resident's funds.

The operator may not charge an additional fee beyond the standard monthly charges for room and board (sleeping and living space, meals or meal preparation, laundry services, housekeeping services or any combination there of), provision of personal care services, if applicable to the resident, and basic cable service if offered.

The resident is responsible for the providing the following items:

In the event of the resident's absence, discharge or transfer from the facility, the facility will refund the monthly charges and security deposit, if applicable, as follows;

Refund Process

Resident Initials

**SAMPLE RESIDENT AGREEMENT**

**Health Assessments  
5122-30-23 (A)(2)(c)**

The resident agrees to have a medical assessment conducted by a qualified healthcare practitioner within 12 months prior to the date of admission. The assessment shall include, but not be limited to, identifying whether the resident is capable of self-administration of medication and if assistance is needed, the type of assistance.

**Skilled Nursing Care and Changes in a Resident's Health  
5122-30-25**

The facility, by law, cannot provide skilled nursing care. However, if the resident develops a medical condition for which recovery can be expected to occur with not more than 120 days of skilled nursing care or a medical condition requiring skilled nursing care provided on a periodic, scheduled basis, and the condition requires skilled nursing care to be rendered by the home health agency for less than eight hours a day or less than forty hours a week, the resident may contract with a Medicare home health agency, licensed hospice program or a MH/SUD Provider or Board for not more than 120 days per year. The resident is responsible for arranging and paying for such home health agency services.

If the resident's condition requires more skilled nursing care than permitted under this paragraph, the facility will transfer or discharge the resident, according to rule 5122-30-27 of the Administrative Code.

**Central Locked Storage Space**

The facility may provide central locked storage space for resident's funds or other valuables.

Facility  provides central locked space  does not provide central locked space.

If provided, the resident may access the locked storage space as follows : (restrictions may ONLY be in accordance with instructions from a guardian, if applicable.)

anytime  daily  upon request Specify hours

**Staffing Requirements and Supervision  
5122-30-21**

The facility shall provide sufficient numbers of staff in the facility, scheduled for appropriate periods of time during each twenty-four hour period, to assure that the room, board, personal care, or mental health service needs of each resident are met in a timely manner, as appropriate to the individual needs of each resident.

Staff are available in the facility as follows:

If not 24 hrs. specify days and time staff are onsite

**Personal Care Services  
5122-30-26**

The facility agrees to provide the resident with the following personal care services:

- Walking
- Hair Care
- Dressing
- Oral Hygiene
- Eating
- Grooming
- Toileting
- Nail Care
- Budgeting or Teaching Money Management Skills
- Preparation of a Special Diet (see below)
- Assistance with self administration of medication

Preparation of a Special Diet as required by a physician or licensed dietician (attach documentation) This does not include a therapeutic diet that is a modification of a regular diet, such as a low sodium diet.

Other Services (explain)

Resident Initials

**SAMPLE RESIDENT AGREEMENT**

**Transportation**

The facility will provide or arrange for transportation to:

Shopping  Health Care Appt.  Behavioral Health Care Appt.  Day Treatment Program

Other:  Other:  Other:

**Sleeping and Living Space**

**5122-30-14 (Q)**

The facility will provide for laundering, including laundry soap, of all residents' clothing and bed and bath linen (does not include any dry cleaning) in the following way: (must provide one)

- Yes  No Facility Does Laundry
- Yes  No Washer and dryer provided for resident's use
- Yes  No Transport residents to and from laundromat and provision of money to use the machines

**Social, Recreation and Leisure Activities**

**5122-30-30**

The facility will provide at least one of each of the following:

- Yes  No Local newspaper OR
- Yes  No Current community activity brochures and advertisements
- Yes  No Transportation to community activities OR
- Yes  No Information about available transportation to community activities

In addition, the facility will provide leisure time activities, and make available recreational equipment and activities to implement recreational programs to encourage physical activities, appropriate to the age and sex of the residents, as follows:

**Nutrition and Food Safety**

**5122-30-13**

The facility will provide three nutritionally balanced meals daily at approximately the following times:

Breakfast:  Lunch:  Dinner:

The facility will provide a nutritious evening snack if there is more that 8 hours between dinner and breakfast.

**Medication**

**5122-30-28**

The resident's medication will be  locked centrally or  in an individual compartment in the resident's room.

Resident Initials

**SAMPLE RESIDENT AGREEMENT**

**Bedroom and Linens  
5122-30-15 (E)**

The facility will provide the resident with a bed and mattress and 2 sets of bed linen and 2 sets of bath linen. The facility will also provide bedroom space and personal storage space. The facility will change the bed linen weekly and more often if soiled and towels and washcloths at least twice weekly and more often if soiled. The facility will provide soap and toilet paper. The resident may choose to bring his or her own bed, other furnishings, and linen.

Resident chooses to bring his/or her:

Bed

Bed Linen

Bath Linen

Other:

Other:

Other:

Other:

**Telephone  
5122-30-14 (S)**

The resident will have unrestricted access at all times to a house phone for local calls and may make long-distance calls at the resident's expense. Arrangements for paying for the calls are:

**Closing of the Facility**

If the facility is to close, the owner or manager of the facility will inform each resident, his or her guardian, his or her sponsor, or any organization or agency acting on behalf of the resident of the closing of the facility and the date of the closing at least thirty days prior to the proposed date of closing. Payments for services not rendered will be refunded to the resident within seven (7) days after the closing.

This agreement and the following documents has been reviewed by me, my guardian, if applicable, and explained by the owner/ manager. I have received copies of the following:

Resident Agreement

Resident Grievance Policy and Procedure

Facility Roommate Policy

Transfer & Discharge Rights

Smoking Policy

Dietary Procedure

Mental Health Referral Policy

Facility Visitation Policy

Resident Rights

House Rules

Facility Access to Resident's Locked Storage Space Policy

\_\_\_\_\_  
Owner/Manager Signature

Date

\_\_\_\_\_  
\*Resident Signature

Date

\_\_\_\_\_  
Guardian/POA

Date

\*If the resident is unable to sign his/her name, signature of person signing on resident's behalf with resident's permission.