

AFC – RESIDENT CARE AGREEMENT
 Michigan Department of Human Services
 Division of Adult Foster Care Licensing and Home for the Aged Licensing

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| Resident Name: Barbara Lorenzen | Name of Home: 318 Hammond | License Number AM030387355 |
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This agreement to provide adult foster care for (resident's name) Barbara Lorenzen is made between (licensee name) Beacon Specialized Living and (resident/resident's designated representative) Mid Michigan Guardianship

- This agreement is required to be completed at the time of a resident's admission, reviewed annually, and updated as needed to reflect changes.
- This agreement is to be completed by the licensee in cooperation with the resident or his/her designated representative and the responsible agency, if applicable. Designated representative means that person or agency which has been granted written authority, by a resident, to act on behalf of the resident or which is the legal guardian of a resident. Acceptable written authority includes orders of guardianship or conservatorship, powers of attorney, durable powers of attorney, or other documents executed by the resident that specify the relevant scope of authority. If a resident's designated representative signs this agreement, a copy of the signer's written authority is to be maintained in the resident's file at the AFC home.
- A resident shall be provided care and services as stated in this resident care agreement and the resident's assessment plan.

This agreement constitutes the fee policy statement required by Family Home Rule 400.1407(11), if applicable.

RESIDENT OR DESIGNATED REPRESENTATIVE CHECK ALL BOXES BELOW THAT APPLY:

- I have received a copy of the house rules (if applicable) and agree to follow them.
- I agree to provide all required resident information to the licensee, including a current health care appraisal, at the time of admission, annually and as the resident's condition changes.
- I agree to participate in all required fire and emergency drills, as determined by BCAL and the licensee.
- I have signed and received a copy of the home's refund agreement. (GROUP HOMES ONLY)
- I have received a copy of the home's discharge policy and agree to follow those procedures. (GROUP HOMES ONLY)
- I agree I do not agree to receive assistance in bathing, dressing, or personal hygiene by a staff member of the opposite sex, if a member of the same sex is not available.
- I agree I do not agree to entrust the following to the license for safekeeping, if this option is available:
 Funds Valuables (specify) Resident Funds not to exceed \$200
- I agree to have the licensee manage funds and account for financial transactions on my behalf. Expenditures of my personal funds over the amount of \$ _____ require my prior written approval.
- I agree to pay the licensee the agreed upon fees for the services designated.
- I agree to pay the basic fee of \$ 896.50 on a Monthly basis.
daily, week or monthly

The basic fee includes the following basic services:

Room and Board, Medication Management, and Coordination with appointments

and are further described in the resident's assessment plan, and attachment _____, if applicable.

- The basic fees do not include any transportation services.
- The basic fees include the following transportation services.

No fee for local transportation

- Transportation fees are charged as follows:

Current mileage rate, plus staff time for transportation outside of the local area.

and are further explained in attachment none, if applicable.

I agree to additional services according to the fee schedule contained in attachment Per CMH Contract. Such additional services may include but are not limited to: Case Management, psychiatry, Therapy, ect. Per Diem Rate will be paid by the CMH.

If applicable, I have read the attachments relating to fees and agree with the terms and conditions established therein, I further acknowledge that additional services are available for additional fees as described in attachment Daily rate/CMH Contract.

BY MY SIGNATURE BELOW, I AFFIRM THAT:

This home is licensed by the Department of Human Services to provide foster care to adults.
 I have provided the resident with a copy of the AFC Resident Rights and agree to respect and safeguard these rights.
 I have provided the resident with a copy of the home's discharge policy and procedures and agree to follow them. (AFC Group Homes only.)
 I have provided the resident with a signed copy of the home's refund agreement. (AFC Group Homes only.)
 I agree to provide personal care, supervision, and protection, in addition to room and board, and to assure the availability of transportation services as indicated in this agreement, the resident's written assessment plan, and the resident's health care appraisal, as defined in the act.

A copy of this resident care agreement is required to be provided to the resident's guardian or resident's designated representative and also be maintained in the resident's file at the AFC home.
 Attachments to this Resident Care Agreement and any other agreements or contracts with this licensee may not have been reviewed and/or approved by the department. If any contractual provision contained in an attachment conflicts with the Adult Foster Care Facility Licensing Act and/or administrative rules, the act and rules would prevail and the specific provision is not binding.

SIGNATURES

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| Resident | | Date |
| Resident's Designated Representative (if applicable) | <i>[Signature]</i> | Date <i>2-12-2020</i> |
| Licensee/Licensee Designee | <i>[Signature]</i> | Date <i>2/13/2020</i> |
| Responsible Agency (if applicable) | <i>[Signature]</i> | Date <i>2-12-2020</i> |

Compliments, comments and/or complaints about this licensed facility can be made by calling the licensing consultant, or at www.michigan.gov/afchfa. Additional information regarding adult foster care is also available at this website.
 Complaints (only) can also be made by calling toll-free: 1-866-858-0126.

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| AUTHORITY: | 1979 PA 218 | Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. |
| COMPLETION: | Mandatory | |
| PENALTY: | Violation of Adult Foster Care Administrative Rule | |