

## **QUAD Inc. SERVICES AGREEMENT**

I, \_\_\_\_\_, as a Shared Attendant Care Recipient of QUAD Inc., agree to the following conditions in acceptance of personal care attendant services from QUAD Inc. I understand that failure to follow any of the requirements set forth below can result in termination of services provided by QUAD Inc.

The Supportive Living Program provided by QUAD Inc. is intended to facilitate independent decision-making and choice in daily activities by all residents. The program operates under the following requirements which each services participant must follow at all times:

1. Residents must independently meet all the responsibilities of independent living except for those needs that they cannot meet due to their physical disability.
2. Residents must be cognitively able on a consistent basis to direct all aspects of their daily care routine and meet all their personal obligations independently without supervision from staff.
3. Residents agree to manage all aspects of their personal care independently. This includes seeking immediate treatment for illness, skin integrity issues and other medical issues whether related to their disability or otherwise. Residents recognize the QUAD Inc. does not provide medical services and accept personal responsibility for monitoring their health, obtaining and administering medications and arranging their own medical appointments and services including transportation.
4. Residents must be familiar with the guidelines, policies and procedures governing the shared attendant care system and consistently follow the guidelines in all situations.
5. Residents must consistently use staff time efficiently and demonstrate consideration of other residents in meeting their personal care needs.
6. Residents agree to treat staff with consideration and respect at all times. Residents understand that they risk their care being canceled if they mistreat staff members and removal from the services program for repeated incidents.
7. Residents agree to accept assistance from the first available personal care attendant, regardless of race, sex, age, religious preference, sexual preference, seniority or personal preference and further agree to actively participate in the orientation and training of new personal care attendants.

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8. Residents agree not to participate in illicit substance use/abuse and to self-administer/direct all prescription medications in accordance with their physician's orders.
9. Residents must have all equipment, supplies, medications and household items needed to meet their personal needs in advance of QUAD Inc. staff providing services. Residents agree to furnish at their own expense single use disposable towels, leak proof plastic bags and other needed supplies to meet OSHA requirements.
10. Residents are required to keep all equipment and supplies necessary in providing assistance, on hand and in good repair at all times. Residents agree to respond to management requests to supply, repair, replace or acquire equipment and supplies immediately.
11. Residents are required to conduct themselves, at all times, as responsible adults and to maintain their apartments in an orderly and safe condition. Work areas must be kept clear and free of clutter at all times.
12. Residents acknowledge that independent living has inherent risks associated with it. QUAD Inc.'s goal is to minimize such risks whenever possible, however, risks cannot be completely alleviated because QUAD Inc. does not provide twenty-four hour supervision on a one to one basis.
13. Residents acknowledge that they are living in their own homes and have the right to come and go as they please and must evaluate the potential risks in light of providing the least restrictive program possible.
14. Residents agree to give a minimum of 14 days notice should they decide to discontinue services

I, \_\_\_\_\_, have read and understand my responsibilities as a service recipient of services provided by QUAD Inc. I agree to follow the requirements at all times. I understand that failure to follow the requirements as stated above is grounds for termination of services provided by QUAD Inc.

\_\_\_\_\_  
**Service Recipient Signature**

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

\_\_\_\_\_  
**QUAD Inc.**

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