

**SUCCESSFUL LIVING CENTER, INC.
1902 BULLARD ST.
MONTGOMERY, AL 36106
(334) 264-1790**

POLICIES AND PROCEDURES AGREEMENT FORM

I have read the Policies and Procedures of Successful Living Center, Adult Day Care Center program and fully understand all information contained in the manual. The Director explained all of the information to me and I have been given a copy of the Policies and Procedures. I am enrolling:

Participant Name

For M T W TH F arriving at _____ a.m. and departing at _____ p.m.

I agree to pay for each month of care based on agreed upon days of service as outlined below and understand this is due no later than the 5th of each month. All overtime fees are due at time of departure on the day fees are incurred.

Number of days per week _____

Level of Care rate \$ _____

Monthly fee \$ _____

DATE: _____

SIGNATURE: _____

PERSON S) AUTHORIZED TO ACCESS OR PICK UP: _____

Individuals must show I.D. before participant is released if other than primary caregiver is picking up.

DIRECTOR SIGNATURE: _____