

# Magnolia Adult Day Program medical consent

***Magnolia Adult Day Program  
Medical Consent Form***

In my capacity as the legally appointed guardian of [ \_\_\_\_\_ ]  
I hereby consent to any and all medical or surgical treatment, including hospital admission, examinations and diagnostic procedures, anesthetics, transfusions and operations, which, in the event of an emergency are deemed necessary by competent medical clinicians to save the life or preserve the health of the above named individual. I also approve the release from the case record of any medical history or other medical data, which would be necessary for the physician and/or hospital to administer the treatment.

It is understood that general consent is only applicable specifically and exclusively to emergency situations. In each and every other instance of elective medical and/or surgical treatment recommended by medical professionals, an explicit, individual consent must be requested within a reasonable advance time period.

Emergency treatment should be followed by prompt notification of the guardian by the person(s) responsible for care of the individual.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_

Guardian Name (Print Name): \_\_\_\_\_

Magnolia Adult Day Program CONSENT  
FORM

***Magnolia Adult Day Program Annual CONSENT FORM***

**Name of Individual:** \_\_\_\_\_

**A. Photo Release:**

I hereby consent to having photographs taken of the above-named individual while engaged in activities involving this agency. I consent to the agency using such photographs with or without news releases or stories.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

**B. Consent for Treatment:**

I authorize any such physician or medical staff that the agency may designate to carry out any minor medical or surgical treatment and/or medication necessary, and I consent to such treatment. In the event of an emergency, if I cannot be reached, I authorize the physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the individual as needed. I understand that hospitalization or treatment necessitated by injury during the program is my responsibility.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

**C. Field Trip Waiver:**

I hereby give permission to the Magnolia Adult Day Program to take the above-named individual on recreational trips while under the agency's supervision. I understand that transportation may be provided by agency vehicles, public transportation, or contracted carriers. Any restrictions must be provided in writing at the time of enrollment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

**D. Liability Release:**

I release Magnolia Adult Day Program, its staff, volunteers, and representatives from any liability for injuries or damages that may occur during participation in program activities, except in cases of gross negligence or willful misconduct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Magnolia Adult Day Program HIPPA Authorization

***Magnolia Adult Day Program***

***HIPAA Authorization for Use or Disclosure of Information for Publications, Videos, and Photos***

We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your special authorization before we may use or disclose your personal information for the purposes described below. This form explains such authorization and helps you make your decision about whether to allow this information to be used or disclosed. Please read the information below carefully before signing.

**Name of the Person Supported:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Use and Disclosures Covered by this Authorization:**

Your personal representative should read the description below before signing this form.

**Who will disclose this information?**

Magnolia Adult Day Program.

**What information will be used?**

Magnolia Adult Day Program may disclose the following as it pertains to the person named above: full name, photos, video recordings, voice recordings, art work, writings, testimonials, and other creative work, as well as the name of the program(s) in which the individual participates.

**What is the purpose of the use or disclosure?**

The purpose of this authorization is for educational, training, fundraising, and public awareness activities for Magnolia Adult Day Program. This may include use in newsletters, brochures, press releases, the agency's website, social media, or other media outlets that highlight the work and services of the agency.

**When will this authorization expire?**

This authorization will remain in effect until it is revoked in writing by the client, guardian, or personal representative.

**What are my rights regarding this authorization?**

You may refuse to sign this authorization. Your refusal will not affect your ability to receive services from Magnolia Adult Day Program. You may also revoke this authorization at any time by providing written notice. Any revocation will not affect disclosures already made prior to receipt of the revocation.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Magnolia Adult Day Program Emergency Card

## ***Magnolia Adult Day Program***

### ***Emergency Information Card***

#### **Personal Information**

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

#### **Guardian / Emergency Contacts**

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Primary Physician:**

**Preferred Hospital:**

#### **Allergies**

- \_\_\_\_\_  
\_\_\_\_\_

#### **Medications**

- \_\_\_\_\_  
\_\_\_\_\_

#### **Communication Preferences**

- Preferred Language: \_\_\_\_\_

**ABUSE/NEGLECT/EXPLOITATION  
ACKNOWLEDGEMENT FORM**

Magnolia Adult Day Habilitation  
2300 3rd Street Fort Lee, NJ 07024 (201) 482-4500 F: (201) 429-2950

***Magnolia Adult Day Program***

***Abuse/Neglect/Exploitation Acknowledgment Form***

**Name of the Person Supported:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

My signature below indicates that I have been given and read/been read the Abuse, Neglect and Exploitation Procedure of Magnolia Adult Day Program and that all of my questions have been answered.

Individual Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Abuse**

Abuse is inappropriate treatment of an individual. It includes physical, psychological, emotional and sexual abuse.

Physical abuse is the use of physical force that may result in bodily injury, physical pain, or impairment. Examples include striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, burning, inappropriate use of drugs and physical restraints, force-feeding and physical punishment.

Psychological or emotional abuse is causing anguish, pain or distress to another person through verbal or nonverbal acts. Examples include: verbal assaults, insults, threats, intimidation, humiliation and harassment.

Sexual abuse is sexual contact or photographs of a person without their permission. Also sexual contact with any person incapable of giving consent. Examples include unwanted touching and all types of sexual assault or battery including rape, sodomy, coerced nudity and sexually explicit photographing

## **Neglect**

Neglect is the refusal or failure of a caregiver to provide for the needs of a child or vulnerable adult.

Needs are the care, goods, and services necessary to maintain the health or safety of an individual. Examples include lack of food, water, clothing, medicine, shelter, supervision, personal safety, personal hygiene and medical services.

Neglect can be repeated conduct or a single incident when the result could be serious physical or psychological harm or substantial risk of death.

## **Exploitation**

Exploitation is taking improper advantage of an individual. It can involve finances, material, labor or activity.

Financial or material exploitation is the improper, illegal or unauthorized use of an individual's funds, assets, property, power of attorney, guardianship or conservatorship for the profit or advantage of anyone besides the individual. Examples include cashing someone's checks without permission, forging someone's signature, misusing or stealing someone's money or possessions, and coercing or deceiving someone into signing any document.

Labor or activity exploitation is causing or requiring an individual to engage in work or any activity which is improper, illegal, demeaning, or against the reasonable and rational wishes of the individual. Examples include forced chores or activities which are not a part of an individual's written plan of care or which are not prescribed or authorized by the individual's physician.

## **Warning Signs**

### **Physical Abuse**

- Bruises, black eyes, welts, cuts and rope marks
- Broken bones and skull fractures
- Open wounds, cuts, punctures, untreated injuries in various stages of healing
- Sprains, dislocations, or internal injuries/bleeding
- Broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained
- An individual's report of being hit, slapped, kicked or mistreated
- The caregiver's refusal to allow visitors to visit the individual alone

### **Psychological or Emotional Abuse**

- Emotionally upset or agitated

- Extremely and unusually withdrawn, not communicating or not responding
- Unusual, childlike behavior (sucking, biting, rocking)
- An individual's report of being verbally or emotionally mistreated

## **Sexual Abuse**

- Bruises around the breasts or genital area
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained or bloody underclothing
- An individual's report of being sexually assaulted or raped

## **Neglect**

- Dehydration, malnutrition, untreated bed sores, or poor personal hygiene
- Unattended or untreated health problems
- Hazardous or unsafe living conditions/arrangements (improper wiring, no heat or no running water)
- unsanitary and unclean living conditions (dirt, fleas, lice on person, soiled bedding, fecal/urine smell, or inadequate clothing)
- An individual's report of being mistreated

## **Financial or Material Exploitation**

- Sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the individual
- Addition of names on an individual's bank signature card
- Unauthorized withdrawal of funds with an ATM card
- Abrupt changes in a will or other financial documents
- Unexplained disappearance of funds or valuable possessions
- Substandard care being provided or bills unpaid despite the availability of adequate financial resources
- Discovery of forged signature or documents

- Sudden appearance of previously uninvolved relatives claiming rights to an individual's affairs and possessions
- Unexplained sudden transfer of assets to a family member or someone outside the family
- Provision of services that are not necessary
- An individual's report of exploitation.

### **Activity or Labor Exploitation**

- An individual's report of being forced to participate in activities that are not part of a care plan, such as forced chores or labor

### **Protections**

There are several laws that protect vulnerable individuals from abuse, neglect and exploitation. These laws and other agency regulations explain how to report suspected or actual knowledge of abuse and neglect. Employees and volunteers of the New Jersey Department of Human Services and any facility or program licensed, contracted or regulated by the Department *are required* to report allegations of abuse, neglect, or exploitation of any individual with an intellectual or developmental disability. Agency protocols for reporting must be followed.

Call 1-800-832-9173 (then press 1) to report suspected abuse, neglect or exploitation of an individual with an intellectual or developmental disability. This includes instances where the person is 18 or older and in a placement funded by the Department of Children and Families' Children's System of Care. This DDD Hotline is available 24 hours a day, 7 days a week.

In emergency situations, and when in doubt where to report abuse, neglect or exploitation, contact local law enforcement office.



# Magnolia Individual Rights and resi

## ***Magnolia Adult Day Program***

### ***Individual Rights and Responsibilities***

#### **RESPONSIBILITIES**

I am responsible for maintaining/keeping Medicaid coverage to continue services on my Waiver program.

I am responsible for making sure that I can meet with my support coordinator and provide all information necessary to ensure that my NJISP can be created within 30 days of my support coordination agency selection.

I am responsible for participating in the development of my NJISP and sharing in any decision making associated with the plan.

I am responsible for what is included in my NJISP and for following my budget according to Waiver guidelines.

I am responsible for all required paperwork and following all Waiver program policies and procedures.

I am responsible to contact my support coordinator in the event that I want to change any of the service providers listed in my NJISP.

I am responsible to contact my support coordinator if anything changes in my life that may require a change to my NJISP or services that I receive.

I am responsible for participating in monthly phone contacts and quarterly face-to-face visits with my support coordinator. I understand these visits are mandatory and may occur in my home, day program or place of employment as agreed upon with my support coordinator. I understand that at least one of these face-to-face quarterly visits per year must take place inside my home.

I have read and/or understand these rights and responsibilities.

**Name:**

**Participant/ Guardian Signature:** \_\_\_\_\_

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

# Transportation Service Refusal Waiver

***Transportation Service Refusal Waiver***

I, [Full Name of Member or Guardian], on behalf of the individual named above, hereby acknowledge that I have been offered transportation services by Magnolia Adult Day Habilitation to facilitate attendance at the program. I understand that these services are available to ensure safe and reliable travel to and from the facility as part of the day habilitation program, funded or supported through the New Jersey Division of Developmental Disabilities (DDD).

I voluntarily refuse the transportation services provided by Magnolia Adult Day Habilitation for the following reason(s):

[ ] Personal transportation arrangements

[ ] Other (please specify): \_\_\_\_\_

I acknowledge that by refusing these services, I assume full responsibility for arranging and ensuring the individual's safe and timely transportation to and from the program. I understand that Magnolia Adult Day Habilitation will not be liable for any delays, absences, or incidents related to transportation that occur as a result of this refusal. I further agree to notify the program in writing of any changes to this decision.

I have had the opportunity to ask questions about the transportation services and understand the implications of this waiver. This decision is made freely without coercion.

**Member/Guardian Signature:** \_\_\_\_\_

**Relationship to Individual:** \_\_\_\_\_

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

**Witness Signature (Magnolia Staff):** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

# Magnolia Adult Day Habilitation Intake cover page

**Magnolia Adult Day Habilitation**  
2300 3rd Street Fort Lee, NJ 07024 (201) 482-4500 F: (201) 429-2950

***Magnolia Adult Day Habilitation Intake Package***

**Welcome!**

Thank you for choosing Magnolia Adult Day Habilitation. This package includes all required documents and forms to enroll in our program, designed for adults aged 21 and older with intellectual and developmental disabilities (IDD). All requirements align with New Jersey Division of Developmental Disabilities (DDD) standards. Please complete and submit all items at least 30 days before your desired start date. Contact us with any questions!

## **Enrollment form for Day Habilitation Services at Magnolia Adult Day Habilitation.**

*Instructions:* Submit copies of the following documents. These verify DDD eligibility, health status, and compliance for safe, person-centered services. Do not send originals.

### **1. DDD Eligibility Determination Letter**

- **Description:** Official letter from NJ DDD confirming eligibility for Supports Program or Community Care Program.
- **Submit:** Copy of letter.
- **Note:** Contact DDD at [nj.gov/humanservices/ddd](http://nj.gov/humanservices/ddd) if you need to apply or request a copy.

### **2. Current Individual Service Plan (ISP)**

- **Description:** Your most recent ISP, developed with your Support Coordinator, outlining day habilitation goals (e.g., skill-building, socialization).
- **Submit:** Copy of ISP or Person-Centered Planning Tool (PCPT) draft if ISP is not yet finalized.
- **Note:** Must be dated within the last 12 months.

### **3. NJ Comprehensive Assessment Tool (NJCAT) Results**

- **Description:** Report detailing functional criteria, tier assignment, and any acuity needs.
- **Submit:** Copy of NJCAT report, dated within the last 2 years.
- **Note:** Contact your Support Coordinator if reassessment is needed.

### **4. Medical Documentation of Disability and Behavioral History**

- **Description:** Diagnosis reports or psychological evaluations confirming IDD onset before age 22 and functional limitations in at least three major life areas (e.g., self-care, communication).
- **Submit:** Copy of reports or ICD-10 form signed by a medical professional. Copy of previous behavior support plan or something similar

### **5. Recent Physical Examination Report**

- **Description:** Physician's report detailing health status, restrictions, or special instructions.
- **Submit:** Copy of report, completed within the last 12 months.

## 6. TB Test Results

- **Description:** Required for infection control in group settings.
- **Submit:** Copy of PPD skin test or chest X-ray results, dated within the last 12 months.

## 7. Immunization Records

- **Description:** Up-to-date vaccination records.
- **Submit:** Copy of records, including measles, mumps, rubella, hepatitis B, and other recommended vaccines.

## 8. Medication List, Prescriptions, Allergies and Current Diet

- **Description:** Details of all medications (prescription, OTC, PRN), including dosages and frequencies.
- **Submit:** Copy of list and prescriptions if medications will be administered/stored on-site. Copy of list of allergies, and current diet, food and beverage consistency. (maybe found on ISP)

## 9. Birth Certificate

- **Description:** Verifies age and identity.
- **Submit:** Copy of official birth certificate.

## 10. Social Security Card

- **Description:** Verifies identity and Medicaid eligibility.
- **Submit:** Copy of card.

## 11. Photo Identification

- **Description:** Government-issued ID for the individual and guardian (if applicable).
- **Submit:** Copy of driver's license, non-driver ID, or passport.

## 12. Medicaid Card

- **Description:** Confirms active Medicaid coverage for DDD-funded services.
- **Submit:** Copy of current card.

## 13. Guardianship Documents (if applicable)

- **Description:** Legal documents for decision-making authority.

- **Submit:** Copy of court-ordered guardianship, power of attorney, or advance directives.

#### 14. **Proof of Residency**

- **Description:** Verifies NJ residency.
- **Submit:** Copy of utility bill, lease, voter registration, pay stub, or W-2 form.

#### 15. **School or Transition Records (if applicable)**

- **Description:** For individuals transitioning from high school special education.
- **Submit:** Copy of IEP summary, exit evaluation, or transition plan.

#### 16. **Addressing Enhanced Needs Form**

- **Description:** Details acuity differentiated services (e.g., higher support needs).
- **Submit:** Copy of form, updated annually

# Firedrill

# Magnolia Adult Day Habilitation Intake Package (PDF Template)

## Instructions for PDF Creation:

- Copy the text below into a word processor (e.g., Microsoft Word, Google Docs).
- Use a clean, professional font (e.g., Arial or Times New Roman, 12pt).
- Add headers with “Magnolia Adult Day Habilitation” and page numbers.
- Include a cover page with your program’s logo, address, and contact info (e.g., [Insert Address], [Insert Phone], [Insert Email]).
- Save/export as a PDF using the tool’s “Save As” or “Export” function.
- Ensure forms have fillable fields or clear spaces for handwritten entries if distributing digitally or physically.

**Submission Instructions:** Provide copies of all required documents (keep originals). Submit via secure email, mail, or in-person to [Insert Contact Info]. Contact your Support Coordinator or our intake team for assistance.

## Cover Page

### Magnolia Adult Day Habilitation Intake Package

*Supporting Adults with Intellectual and Developmental Disabilities*

[Insert Program Logo]

[Insert Address]

[Insert Phone Number]

[Insert Email Address]

[Insert Website URL]

### Welcome!

Thank you for choosing Magnolia Adult Day Habilitation. This package includes all required documents and forms to enroll in our program, designed for adults aged 21 and older with intellectual and developmental disabilities (IDD). All requirements align with New Jersey Division of Developmental Disabilities (DDD) standards. Please complete and submit all items at least 30 days before your desired start date. Contact us with any questions!

# Section 1: Required Documents to Provide

*Instructions:* Submit copies of the following documents. These verify DDD eligibility, health status, and compliance for safe, person-centered services. Do not send originals.

## 1. DDD Eligibility Determination Letter

- **Description:** Official letter from NJ DDD confirming eligibility for Supports Program or Community Care Program.
- **Submit:** Copy of letter.
- **Note:** Contact DDD at [nj.gov/humanservices/ddd](http://nj.gov/humanservices/ddd) if you need to apply or request a copy.

## 2. Current Individual Service Plan (ISP)

- **Description:** Your most recent ISP, developed with your Support Coordinator, outlining day habilitation goals (e.g., skill-building, socialization).
- **Submit:** Copy of ISP or Person-Centered Planning Tool (PCPT) draft if ISP is not yet finalized.
- **Note:** Must be dated within the last 12 months.

## 3. NJ Comprehensive Assessment Tool (NJCAT) Results

- **Description:** Report detailing functional criteria, tier assignment, and any acuity needs.
- **Submit:** Copy of NJCAT report, dated within the last 2 years.
- **Note:** Contact your Support Coordinator if reassessment is needed.

## 4. Medical Documentation of Disability

- **Description:** Diagnosis reports or psychological evaluations confirming IDD onset before age 22 and functional limitations in at least three major life areas (e.g., self-care, communication).
- **Submit:** Copy of reports or ICD-10 form signed by a medical professional.

## 5. Recent Physical Examination Report

- **Description:** Physician's report detailing health status, restrictions, or special instructions.
- **Submit:** Copy of report, completed within the last 12 months.

## 6. TB Test Results

- **Description:** Required for infection control in group settings.
- **Submit:** Copy of PPD skin test or chest X-ray results, dated within the last 12 months.

#### 7. **Immunization Records**

- **Description:** Up-to-date vaccination records.
- **Submit:** Copy of records, including measles, mumps, rubella, hepatitis B, and other recommended vaccines.

#### 8. **Medication List and Prescriptions**

- **Description:** Details of all medications (prescription, OTC, PRN), including dosages and frequencies.
- **Submit:** Copy of list and prescriptions if medications will be administered/stored on-site.

#### 9. **Birth Certificate**

- **Description:** Verifies age and identity.
- **Submit:** Copy of official birth certificate.

#### 10. **Social Security Card**

- **Description:** Verifies identity and Medicaid eligibility.
- **Submit:** Copy of card.

#### 11. **Photo Identification**

- **Description:** Government-issued ID for the individual and guardian (if applicable).
- **Submit:** Copy of driver's license, non-driver ID, or passport.

#### 12. **Medicaid Card**

- **Description:** Confirms active Medicaid coverage for DDD-funded services.
- **Submit:** Copy of current card.

#### 13. **Guardianship Documents (if applicable)**

- **Description:** Legal documents for decision-making authority.
- **Submit:** Copy of court-ordered guardianship, power of attorney, or advance directives.

#### 14. **Proof of Residency**

- **Description:** Verifies NJ residency.
- **Submit:** Copy of utility bill, lease, voter registration, pay stub, or W-2 form.

**15. School or Transition Records (if applicable)**

- **Description:** For individuals transitioning from high school special education.
- **Submit:** Copy of IEP summary, exit evaluation, or transition plan.

**16. Addressing Enhanced Needs Form**

- **Description:** Details acuity differentiated services (e.g., higher support needs).
- **Submit:** Copy of form, updated annually.

## Section 2: Forms to Complete and Sign

*Instructions:* Complete and sign the following forms. These ensure compliance with DDD requirements for privacy, consents, and safety. Download templates from [nj.gov/humanservices/ddd](http://nj.gov/humanservices/ddd) or request blanks from our intake team.

### 1. Participant Enrollment Agreement

#### Magnolia Adult Day Habilitation

##### *Participant Enrollment Agreement*

I, [Full Name], agree to participate in Magnolia Adult Day Habilitation under the [ ] Supports Program [ ] Community Care Program. I understand the program's rules, rights, and responsibilities, including attendance expectations, behavioral guidelines, and participation in activities outlined in my ISP.

- **Participant Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Guardian Name (if applicable):** \_\_\_\_\_
- **Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Program Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 2. HIPAA Documents

#### A. Notice of Privacy Practices Acknowledgement

I have received and reviewed Magnolia Adult Day Habilitation's Notice of Privacy Practices, outlining how my health information is used and protected per HIPAA and DDD regulations.

- **Participant Name:** \_\_\_\_\_

- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Guardian Name (if applicable):** \_\_\_\_\_
- **Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**B. Authorization for Disclosure to Family/Involved Persons**

I authorize Magnolia Adult Day Habilitation to share my health and service information with the following individuals:

- **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
- **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
- **Participant/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**C. Authorization for Release of Health Information**

I authorize Magnolia Adult Day Habilitation to share my health information with:

- NJ DDD
- **Support Coordination Agency:** \_\_\_\_\_
- **Healthcare Providers:** \_\_\_\_\_
- **Participant/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3. Consent Form for Services**

I consent to receiving day habilitation services at Magnolia Adult Day Habilitation, including skill development, socialization, and community outings as outlined in my ISP.

- **Participant Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Guardian Name (if applicable):** \_\_\_\_\_
- **Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**4. Emergency Consent for Treatment Form**

I authorize Magnolia Adult Day Habilitation to seek emergent medical care (e.g., exams, treatments, hospital transfers) if I am unable to consent during an emergency.

- **Participant Name:** \_\_\_\_\_

- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Guardian Name (if applicable):** \_\_\_\_\_
- **Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 5. Emergency Card Information

### Emergency Contact Information

- **Participant Name:** \_\_\_\_\_
- **DOB:** \_\_\_\_\_ **DDD ID:** \_\_\_\_\_
- **Emergency Contact 1:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- **Emergency Contact 2:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- **Guardianship Status:**  Self  Guardian: \_\_\_\_\_
- **Diagnoses:** \_\_\_\_\_
- **Medications:** \_\_\_\_\_
- **Allergies:** \_\_\_\_\_
- **Restrictions:** \_\_\_\_\_
- **Healthcare Providers:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- **Participant/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_

## 6. Annual Participant Rights and Responsibilities Form

I acknowledge understanding my rights (e.g., dignity, choice, safety) and responsibilities as a participant at Magnolia Adult Day Habilitation, per DDD regulations.

- **Participant Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Guardian Name (if applicable):** \_\_\_\_\_
- **Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 7. Support Coordination Agency Selection Form

I confirm my Support Coordination Agency for ISP management:

- **Agency Name:** \_\_\_\_\_

• **Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

• **Participant/Guardian Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

## Transportation Service Refusal Waiver

I, [Full Name of Member or Guardian], on behalf of the individual named above, hereby acknowledge that I have been offered transportation services by Magnolia Adult Day Habilitation to facilitate attendance at the program. I understand that these services are available to ensure safe and reliable travel to and from the facility as part of the day habilitation program, funded or supported through the New Jersey Division of Developmental Disabilities (DDD).

I voluntarily refuse the transportation services provided by Magnolia Adult Day Habilitation for the following reason(s):

Personal transportation arrangements

Other (please specify): \_\_\_\_\_

I acknowledge that by refusing these services, I assume full responsibility for arranging and ensuring the individual's safe and timely transportation to and from the program. I understand that Magnolia Adult Day Habilitation will not be liable for any delays, absences, or incidents related to transportation that occur as a result of this refusal. I further agree to notify the program in writing of any changes to this decision.

I have had the opportunity to ask questions about the transportation services and understand the implications of this waiver. This decision is made freely without coercion.

**Member/Guardian Signature:** \_\_\_\_\_

**Relationship to Individual:** \_\_\_\_\_

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

**Witness Signature (Magnolia Staff):** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

## Additional Notes

- This waiver remains in effect until revoked in writing by the undersigned.
- Please submit this completed form to Magnolia Adult Day Habilitation at [Insert Contact Info].
- For questions or to discuss transportation options, contact [Insert Phone Number or Email]

On Aug 13, 2025, at 3:40 PM, mack melle <[mrmelle24@gmail.com](mailto:mrmelle24@gmail.com)> wrote:

# Fire Drill and Emergency policy

## Magnolia Adult Day Habilitation

2300 3rd Street Fort Lee, NJ 07024 (201) 482-4500 F: (201) 429-2950

### ***Fire Drill & Emergency Evacuation***

#### **Purpose:**

To ensure the safety of all participants and staff during fire or emergency situations and to comply with New Jersey Division of Developmental Disabilities (DDD) regulations.

#### **Policy:**

Magnolia Adult Day Program shall conduct regular fire drills and maintain proper documentation to ensure that all participants, including those with Intellectual and Developmental Disabilities (IDD), and staff are prepared for emergency evacuations.

#### **Procedures:**

##### **1. Frequency:**

- Fire drills shall be conducted unannounced **at least once per month** with all participants and staff present.
- Drills shall vary in time of day and use of exits to ensure familiarity with all evacuation routes.

##### **2. Participation:**

- All participants, staff, and visitors present during program hours shall participate in the fire drill.
- Staff shall assist participants as needed, including those with mobility or communication challenges, to safely exit the building.

##### **3. Documentation:**

Each fire drill shall be documented and include:

- Date and time of the drill
- Duration of evacuation (time taken to exit)

- Number of participants and staff involved
- Staff present during the drill
- Any issues or obstacles encountered
- Signature of the staff member in charge

**4. Safety Equipment:**

- Fire extinguishers must be inspected quarterly and serviced annually, with records maintained.
- Smoke detectors must be tested quarterly, and results documented.
- Emergency evacuation routes must be clearly marked, unobstructed, and reviewed with staff and participants.

**5. Emergency Plan:**

- Magnolia Adult Day Program shall maintain an updated Emergency Evacuation Plan, including:
  - Evacuation routes
  - Shelter-in-place procedures
  - Communication methods with emergency services and guardians
  - Assigned staff roles during an emergency

**6. Review:**

- Fire drill procedures and the emergency plan shall be reviewed annually and updated as needed to ensure compliance with DDD standards and safety best practices.
- **Name:**
- **Participant/ Guardian Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

# Transportation agreement form

## TRANSPORTATION AGREEMENT & POLICY FORM

### Member Information

**Member Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Guardian/Responsible Party (if applicable):** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Emergency Contact Name & Phone Number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Authorized Pick-Up/Drop-Off Contact(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Transportation Service Selection

Please select one of the following:

**I ACCEPT transportation services** provided by Magnolia Adult Day Habilitation.

**I DECLINE transportation services** provided by Magnolia Adult Day Habilitation and understand that I am responsible for arranging transportation to and from the program.

**Reason for Declining Transportation (if applicable):**

Personal transportation arrangements

Family/Guardian transportation

Residential Provider Transportation

Other: \_\_\_\_\_

---

## Transportation Policy & Expectations

Magnolia Adult Day Habilitation is committed to providing safe, reliable, and timely transportation for members attending the program. To ensure consistency and safety for all participants, the following transportation procedures apply:

### Pick-Up Procedures

1. Members and/or responsible parties will receive notification approximately **one (1) hour prior to scheduled pick-up** when applicable.
2. Members should be **fully prepared and ready for transportation at the scheduled pick-up time**.
3. Drivers will wait **up to five (5) minutes** at the designated pick-up location.
4. If the member is not ready within the five-minute waiting period, the driver will leave to maintain transportation schedules for all members.
5. If transportation is missed due to the member not being ready, the **guardian, responsible party, residential provider, or caregiver will be responsible for transporting the member to the program** that day.
6. Repeated missed pick-ups or delays may result in transportation schedule reviews or modifications.

### Drop-Off Procedures

1. An **authorized adult or responsible party must be present** to receive the member during scheduled drop-off unless otherwise approved in writing by Magnolia Adult Day Habilitation.
2. If no one is available to receive the member at drop-off:
  - Magnolia Adult Day Habilitation management will attempt to contact the **guardian, responsible party, and emergency contact(s)** immediately.
  - If no authorized person can be reached, the member will be **transported back to Magnolia Adult Day Habilitation** for safety purposes.
  - The member will remain supervised at the program until a guardian, responsible party, or authorized emergency contact arrives for pick-up.
3. Repeated incidents involving unavailable caregivers at drop-off may require a transportation service review and corrective planning.

### Attendance & Schedule Changes

1. Guardians/responsible parties must notify Magnolia Adult Day Habilitation **as soon as possible** if the member will be absent, late, or does not require transportation for the day.
2. Transportation schedule changes, address changes, or emergency contact updates must be submitted to Magnolia Adult Day Habilitation **in writing and in advance whenever possible**.
3. Magnolia Adult Day Habilitation reserves the right to adjust transportation schedules due to traffic, weather, emergencies, route efficiency, staffing, or unforeseen circumstances.

### **Safety Expectations**

1. Members are expected to maintain safe and respectful behavior while utilizing transportation services.
2. Seat belts and/or any required adaptive safety equipment must be worn during transportation.
3. Drivers and transportation staff are responsible for maintaining a safe environment and may report concerns regarding unsafe behaviors.
4. Transportation staff may not administer medications or provide medical care during transport except in emergency situations.

### **Inclement Weather & Emergencies**

Transportation services may be delayed, modified, or canceled due to severe weather, road conditions, emergencies, or circumstances beyond the program's control. Families and guardians will be notified as soon as possible regarding service disruptions.

---

### **Acknowledgment & Consent**

I acknowledge that I have reviewed and understand the Magnolia Adult Day Habilitation Transportation Policy and expectations. I understand that Magnolia Adult Day Habilitation transportation services are intended to support safe travel to and from the program and that compliance with these guidelines is necessary for the safety and efficiency of all members.

I understand that Magnolia Adult Day Habilitation is not responsible for transportation delays or incidents resulting from missed pick-ups, unavailable caregivers at drop-off, inaccurate information provided by the responsible party, or circumstances outside of the program's control.

I agree to notify Magnolia Adult Day Habilitation of any transportation changes, emergency updates, or concerns in a timely manner.

**Member/Guardian Signature:** \_\_\_\_\_

**Relationship to Member:** \_\_\_\_\_

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