



**Harford Center
Service Contract**

Individual's Information:

| | |
|---------------------------|--|
| Name of Individual | |
| Address | |
| Phone Number/Cell Number | |
| Social Security Number | |
| Medical Assistance Number | |

Parent/Guardian/Authorized Representative:

| | |
|--------------------------|--|
| Name | |
| Address | |
| Phone Number/Cell Number | |
| Email | |
| Relationship | |

All guardians must provide documentation of guardianship on an annual basis.

Contract Provisions:

This agreement is made and entered on this day, _____, between _____ and The Harford Center, Inc.

The Individual shall comply with the operating procedures now and existing or as hereinafter amended by the Harford Center Inc., and the Developmental Disabilities Administration (DDA) for The Harford Center, Inc.

It is further agreed that such participation shall be subject to the following conditions:

1. The duration of this agreement shall be for the extent of the individual's participation in the program.
2. Participation at The Harford Center, Inc. is voluntary and shall continue for the duration of this agreement, unless cancelled by mutual agreement.
3. The Harford Center, Inc. agrees to provide the individual developmental services and implementation of an Individualized Plan (IP) in a manner which allows the individual

the opportunity to achieve his/her maximum level of independent functioning, in the least restrictive environment.

4. This shall occur within the individual's environment that is age-appropriate, and equipped and furnished with the necessary materials to provide an appropriate learning experience.
5. The Harford Center shall provide sufficiently trained staff to ensure that the individual's needs for training are met.
6. Certified Medical Technicians will be available if needed for supervision with taking medications.
7. Staff will provide support in the form of developing and maintaining relationships with family/peers/staff.
8. The individual/parent or guardian shall have access to the IP by notifying the Director/Program Coordinator of the agency.
9. While individual entry into the program is voluntary, the Center will explore other alternatives that are available in the community that will enable the individual to reach his/her maximum level of independence, if applicable.
10. All services shall be provided to the individual without discrimination on the basis of race, color, age, sex, national origin, marital status or physical/mental handicaps.
11. The individual will maintain up to date payments for his or monthly activity fee. The monthly activity fee covers the cost of all activities that are not funded by DDA, including but not limited to: community activities, transportation costs, fees for specialized in-house programming, supplies related to activities, admission fees, and vehicle maintenance. All fees are due by the beginning of the month. Non-payment could result in suspension of services.

In order for The Harford Center, Inc. to provide quality services, the participant must adhere to the following guidelines for attendance:

1. Individuals may be absent from their program for a combined total of thirty (30) days vacation, hospitalization and inpatient stays at intensive behavior management units in a one year period.
2. Individuals who exceed the number of allowable consecutive absences (60) days will be notified in writing of the attendance policy. This could result in loss of services, which could impact an individual's ability to remain in waiver services, if applicable. (COMAR 10.22.02.02)

3. The Harford Center, Inc. will consider waiving the attendance policy for legitimate and justifiable medical absences beyond the sixty days, providing that a waiver is also granted by the Developmental Disabilities Administration (DDA).

NOTE: Every day an individual spends out of the center's program is defined as an absence.

Volunteer, Community Involvement and Employment:

Being in the community and being a part of one's community is part of the mission of the Harford Center. To that end, the following apply:

1. Individuals will be in the community as much as possible. The Harford Center will not alert families regarding individual trips, unless this is requested in writing to the Program Director.
2. While the Harford Center will make every effort to keep you safe from harm, there are hazards that are beyond the Harford Center's ability to mitigate. As a part of this service consent, I agree to waive all liability to the Harford Center for any injuries that may occur in the community. All community activities are at your own risk.
3. Employment is highly encouraged. All pay received for employment will go directly from the employer to the individual.

Photography/Publicity Consent:

Please complete one of the two options:

1. I, _____ acting on my own behalf, made fully aware of the intent, **give the Harford Center permission** to take pictures, individually or in a group setting. Pictures are for the purpose of identification, internal use, and for publicizing activities of the Harford Center, which includes social media.
2. I, _____ acting on my own behalf, understand that the Harford Center will be taking pictures of me for identification purposes and internal use. I do **NOT** wish to have my pictures shared through any social media or on pamphlets or advertisements for the Harford Center.

Private Pay (for individuals not funded by DDA):

For individuals who are not funded by DDA and elect to pay privately, the following applies:

1. A rate will be determined by the Harford Center based on the individual's needs, an agreed matrix score, and a cost-detail analysis that is comparable to the rates being paid by DDA.
2. All rates are subject to any increases that apply in that fiscal year. If a rate increase is given by the State of the Maryland to the Harford Center, you will be informed in writing at least thirty days prior the increase.

3. You will be billed for services by the 15th of the month for the previous month's attendance. You are required to pay the monthly bill by the 1st of the subsequent month. For example, June's bill will be billed by July 15th and due by August 1st. Failure to pay will result in suspension of service until the bill is paid. Bills that are unpaid for more than 60 days will result in discharge from the Harford Center.
4. Activity fees and lunch bills are subject to the same requirements stated earlier in the contact.

This contract was read by me or to me.

By signing below, I indicate my understanding and agreement with the contract.

Individual: _____

Date: _____

Parent/Guardian/Representative:

Date: _____

Case Manager: _____

Date: _____

Coordinator of Community Services:

Date: _____

Case Coordinator: _____

Date: _____

Director: _____

Date: _____