



Dear Michigan State University faculty, staff or student,

The Kennedy Care and Safe At Home program specializes in providing services in a family's home when regular care arrangements are unavailable. Services are available statewide. Regardless of your location we will do our best to service your family. You must be a faculty, staff or student that is currently employed or studying to obtain a degree at Michigan State University with a valid PID/ZPID number. Otherwise you would be subject to the full rates.

Rates for child and senior care vary from your benefit which may range from \$3.00 to \$7.00 per hour. \$3.00 for students and \$7.00 for faculty and staff. There is a 4 hour minimum requirement per visit. You have a benefit for 40 subsidized hours for each senior per year. Unused hours do not roll over from the previous year. These subsidized hours must be used during work hours. We will need this packet renewed annually and is valid July 1st 2019 to June 30th of 2020.

Cancellation Policy

A service cancellation should be made 24 hours prior to the service. All cancellations must be emailed to sah@kennedycare.com to insure a timely cancel. A subsidized charge equivalent to 4 hours of care will be assessed which will reduce your authorized hours if:

- The service has been arranged more than 48 hours before care is needed, the agency does not receive notice of the cancellation 24 hours prior to service, and the agency has reserved and confirmed a caregiver with the family.
- The service has been arranged less than 48 hours before care is needed, the agency does not receive notice of the cancellation by **8:00 p.m.** the night before the service, and the agency has reserved and confirmed a caregiver for the family.
- The cancellation occurs after caregiver has already left to provide service or has already arrived at the family's home.



Guidelines for Care

The mission of *Safe At Home* by Kennedy Care is to provide quality in-home care. To assure our caregivers deliver and maintain a high level of service for our families, our caregivers have to meet certain qualifications. Each caregiver is certified in CPR and First Aid and has had state and FBI criminal background checks. Please note that our caregivers are not allowed to participate in the following:

- Visiting the family unless instructed to do so by the agency
- Lend money to or borrow money from the family
- Accepting gratuities or gifts of any type from the family without permission from the agency
- Recommending friends or physicians for any services
- Smoking around or in family's home at any time
- Eating family's food without permission from the family
- Giving the family personal phone numbers of any of the agency staff
- Calling the family unless instructed by the agency
- Violating ethics by divulging any personal information about the family under any circumstances
- Accepting private employment from the family
- If violated, the family will be required to pay a \$5000.00 permanent placement fee

If you have any questions, please feel free to contact us at: **800.790.SAFE (7233)**



Financial Terms & Agreements

Co-pay invoices are e-mailed bi-weekly and payment is **due upon receipt**. Your invoice will reflect your co-payment. If any account becomes more than 45 days past due, the account will become a prepaid account and payment will be required before service is rendered. There is a four-hour minimum billing per service day.

The amount of time and one half is charged for the following:

- Memorial Day
- Fourth of July
- Thanksgiving Day
- Christmas Eve
- Christmas Day
- New Year's Eve
- New Year's Day
- Caregiver Overtime (Any hours over 40 in one week as directed by the family if you exceed over your 40 MSU benefit)

Please do not pay our employees directly. Caregivers are not authorized to accept or have custody or use of cash, credit cards, or other valuables of a family unless pre- authorized and pre-arranged by the company.

Safe at Home and Kennedy Care will not be responsible for claims against its fidelity bond unless such claims are reported in writing to Safe at Home and to the local police within 14 days after notice of loss.

A family shall agree not to employ a Safe at Home Caregiver furnished to them. In the event that a family violates this agreement, that family shall pay to Safe at Home a fee of five thousand dollars (\$5000.00) upon demand.

I have read the above billing procedures and accept the terms and conditions:

Print	Sign	Date
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SAFE AT HOME

Family Information

Parent / Legal Guardian 1

Last Name	First Name	Relationship to Senior
Cell Number	Home Number	Work Number
PID Number	MSU Net ID	Email Address

Parent / Legal Guardian 2 / Contact Information

Last Name	First Name	Relationship to Senior
Cell Number	Home Number	Work Number

Address

Street	City	State	Zip
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Eligible Senior

Name	Date of Birth	Allergies
Name	Date of Birth	Allergies

Emergency Contact Information

Name	Phone	Relationship
Address	City/State	Zip



Medical Service Release for Senior Care

Name	Phone Number	Preferred Hospital
Health Insurance Company Name	Policy Number	Phone Number

*** In case of any emergency, Safe at Home will contact the guardian.**

In the event that my child is injured or ill, I understand that the Caregiver will attempt to contact me, the other parent, or the legal guardian.

In the event that I or the others listed are not available, I give my permission and consent to the Caregiver to provide first aid for the senior named above and to take all reasonably necessary and appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to the nearest emergency medical facility. At no time will the Caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Medical care personnel responding to an emergency must be assured that the Caregiver has the authority to act for you for the benefit of your child. As such, if medical care becomes essential, I give permission to the Caregiver to make such reasonable decisions regarding such treatment as deemed appropriate by the medical doctor, hospital, medical care personnel, or their authorized designee. In furtherance of any treatment decisions to be made by the Caregiver on my behalf for the benefit of my child, I authorize the Caregiver to request, obtain, review and inspect any and all information bearing upon my child's health and relevant to any such decisions to be made respecting such treatment.

I hereby give my permission to Safe at Home and Kennedy Care to provide transportation in a vehicle for emergencies.

Parent / Legal Guardian

Print	Sign	Date
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SAFE AT HOME

Medicine Consent Form

During shifts, Caregivers may be asked to administer medicine in non- emergency situations. Caregivers do not have medical training and are not liable for any outcome resulting from providing medication as requested or instructed by parents or legal guardians.

Administration of medication in non-emergency situations by Caregivers is strictly voluntary and discretionary. A Caregiver may refuse to give medication in a non- emergency situation, and no parent/guardian may force a Caregiver to administer medication in a non-emergency situation under any circumstance. Caregivers are not liable for any outcome resulting from the Caregiver’s refusal to administer medication.

A Caregiver may also refuse to administer medicine if the dosage does not match the recommended dose on the label or the dose expressly indicated on the practitioner’s prescription. Instructions shall not conflict with the prescription label or product label directions.

All prescription and non-prescription medications shall be maintained with the person’s name and dated. Prescription and nonprescription medications must be stored in the original bottle/container with unaltered label. Medications requiring refrigeration must be stored accordingly.

I have read the above, have had an opportunity to ask questions, and hereby consent that Caregivers may administer medication(s) as listed on my care request form. I also understand and acknowledge that Caregivers may, in their sole discretion, choose not to give medication in non-emergency situations.

Authorization:

Parent / Legal Guardian

Print	Sign	Date
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SAFE AT HOME

Client Name: _____ Age: _____ DOB: _____

Gender: Male Female

Legal guardian _____ Phone: _____

Presenting Problem (Describe the issues/events that lead for you to seek in-home services):

Onset of symptoms: _____

Primary diagnosis(es): _____

Any recent hospitalizations? Yes No

Reason? _____ Length of stay: _____

Additional Notes: -
