## Michigan State University

## **Home Instead Senior Care**

## **Backup Dependent Program for University Faculty, Staff, and Students**

One Form Per Dependent Who Will Receive Care is Required *Pre-registration forms must be updated each fiscal year (July 1-June 30).* 

Name of MSU Parent/Guar	dian:					
MSU Parent/Guardian affil	iation:	Student	Staff	Faculty	Full-time	Part-time
MSU Parent/Guardian MSU	J email ac	ddress:				
Primary Telephone # where	e parent/g	uardian c	an be re	eached:		
Alternative Telephone # (if	individua	al cannot	be reac	hed at prima	ary #):	
If more than one parent is information below: Name of (additional) MSU				, <b>-</b>		
Circle all that apply:	Studen	t Staf	f F	Faculty	Full-time	Part-time
(Additional) MSU Parent/C	Suardian N	MSU ema	il addre	ess:		
	• • • • • • • • • • • • • • • • • • • •	•••••			•••••	• • • • • • • • • • • • • • • • • • • •
	Dep	endent I	nforma	tion		
Dependent's Name:						
Home Address:						
Home Telephone:		Depend	lent's A	age and Birt	thdate:	
If Dependent's area does N local police and fire departs		911 serv	ices, pl	ease list tele	ephone numb	ers for your
Police Dept. Telephone #: _			Fire De	pt. Telepho	ne #:	
Name of Dependent's Phys	ician:					
Physician's Address:						

Physician's Telephone #:	Hospital Preference:
Health Insurance Provider and Police	ey Number:
Background	d Information on Dependent
Known Allergies (including food all	lergies):
habits, food likes and dislikes, activi	be helpful in caring for your dependent (e.g., eating ities enjoyed, sleep habits, etc.):
Are there any pets in your househole	d? YesNo
If yes, what type of pet(s)?	Dog Cat Other ( <i>please list</i> ):

## TERMS AND CONDITIONS

As a condition of using the services of Home Instead, I acknowledge and agree to the following:

- 1. Home Instead and MSU have a right to refuse service if I have outstanding payment obligations to either entity.
- 2. Service cannot be guaranteed and requests for care must be made with four hours' notice and must be used in blocks of three hours or more at a time.
- 3. As an MSU-affiliated staff, faculty, or student, I am eligible for up to a total of 20 hours of subsidized care through Michigan State University.
- 4. If I request care at the same time for more than one dependent, the total 20 hours will be split between the dependents being cared for at the time of service (for instance, if there are two dependents in the household at the time of service, the maximum for subsidized care per dependent is 10 hours equaling 20 total hours of care).
- 5. The subsidized rate for faculty and staff is \$7.00 per hour *per dependent*, with a 10% hourly rate discount for each additional dependent. I am responsible for paying this amount directly to Home Instead.
- 6. The subsidized rate for students is \$6.00 per hour *per dependent*, with a 10% hourly rate discount for each additional dependent. I am responsible for paying this amount directly to Home Instead.
- 7. I will be charged at the full Home Instead Senior Care hourly rate for service time that exceeds the 20 hours of time subsidized by MSU. I am responsible for paying this amount directly to Home Instead.
- 8. If I cancel service with less than 12 hours' notice, I may be charged a \$30 cancellation fee.
- 9. If the location where I am requesting service to be provided is further than 20 miles from Michigan State University's East Lansing campus (220 Trowbridge Road, East Lansing, MI 48824), I will be charged at the published IRS mileage rate per each mile exceeding 20 miles.
- 10. I consent to Home Instead Senior Care's release of my name and contact information to the Michigan State University WorkLife Office, as needed.
- 11. I authorize Home Instead Senior Care to seek emergency medical treatment for the dependent listed above if I cannot be reached in the event of an injury to the dependent or worsening of the dependent's condition.

Parent/Guardian Signature	
Print Parent/Guardian Name	
Date Return this form to:	

Home Instead Senior Care 2175 University Park Drive, Suite 200

Okemos, MI 48864 Ph: (517) 333-0610 Fax: (517) 333-3649

Email: cshaw@homeinstead.com and lisa.lafay@homeinstead.com