

**INDIVIDUAL RESIDENT PLACEMENT AGREEMENT
RESPITE**

HOMES PLUS HOME _____

RESIDENT _____

SOCIAL WORKER/CASE MANAGER _____

LEGAL REPRESENTATIVE _____

BACKGROUND:

REASON FOR PLACEMENT _____

DATE OF PLACEMENT _____

FINANCIAL ARRANGEMENTS FOR PAYMENT _____

EXPENSES OUTSIDE THE BASIC RATE RESIDENT WILL BE CHARGED:

RATES _____

NOTES _____

HOMES PLUS SERVICES (RESPITE):

MEALS AND SNACKS _____

PROTECTION _____

SUPERVISION _____

PERSONAL CARE ASSISTANCE _____

MEDICATION ASSISTANCE _____

TRANSPORTATION _____

OTHER _____

AGREEMENTS:

I agree to provide services outlined in this agreement.

PROVIDER'S SIGNATURE _____ DATE _____

_____ DATE _____

I agree to this placement.

RESIDENT'S SIGNATURE _____ DATE _____

_____ DATE _____

Resident's must mutually consent in writing to share a bedroom. (955.6205, Subpart 4)

I, _____, freely consent to share a bedroom with

_____ in this Homes Plus Home.

RESIDENT'S SIGNATURE _____ DATE _____