

Merrimack Adult Day Health Center
32 Daniel Webster Hwy. Suite 10
Merrimack, NH 03054
P: 603-417-6656 F: 603-417-7113
Celine Baribeau, Owner
Email: celine@merrimackadhc.com

SCOPE AND TYPE OF SERVICES ADMISSION AGREEMENT

I, (print participant’s first and last name or responsible party)

_____ agree to attend Merrimack Adult Day Health Center’s program.

Merrimack Adult Day Health Center will provide nursing care and health supervision using an individualized plan of care. Two meals and one nourishing snack will be provided and served daily.

Merrimack Adult Day Health Center is open Monday through Friday. Hours from 8:00am until 4:00pm.

In the event of inclement weather or other emergency situations, Merrimack Adult Day Health Center may unexpectedly be closed. Participants or Responsible Party are encouraged to call Merrimack Adult Day Health Center at (603) 417-6656.

It is understood that:

1. The participant will attend the following number of days a week _____. (Two days minimum.)
2. Upon mutual agreement with Merrimack Adult Day Health Center transportation will be provided in the morning to MADHC from home and in the afternoon from MADHC to home.
3. Participants may choose to provide their own transportation via a relative, care giver. Such a choice must be made clear upon commencement of participation in the Program.

Print First and Last Name of Participant:		
Signature of Participant:		Date:
If Applicable Print First and Last Name of Responsible Party:		
If Applicable Signature of the Responsible Party:		Date: