



*Lula's Place Adult Activity Center*  
*State Approved and Licensed Adult Day Care Facility*  
**2336 N. Texas Ave Suite 100.**  
**Pearland, Texas 77581**  
**281-485-5557**

**Facility and CACFP Enrollment Information**

**Interview Date** \_\_\_\_\_ **Start Date** \_\_\_\_\_ *CACFP Required*

**Client Soc. Sec. #** \_\_\_\_\_ **Withdrawal Date** \_\_\_\_\_  
*From CACFP Program (if applicable)*

**Medicaid #** \_\_\_\_\_ **Provider:** \_\_\_\_\_  
*(Please include copy of Medicaid card)* *(Amerigroup, Molina, United Healthcare)*

**Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Contact Person name** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

**Date of Last TB Skin Test** \_\_\_\_\_ **Last Physical Exam** \_\_\_\_\_  
*Copy Required*

**Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex: M / F** \_\_\_\_\_  
*CACFP Required* *CACFP Required*

**Marital Status:** *Single* *Married* *Widowed* *Divorced* *Never Married*

**Ethnic Background:** *White* *Black* *Hispanic* *Asian* *Other*

**Hobbies or favorite things to do** \_\_\_\_\_

**Favorite Color** \_\_\_\_\_ **Favorite Flower** \_\_\_\_\_ **Favorite Song** \_\_\_\_\_

**Favorite Movie** \_\_\_\_\_ **Favorite Food** \_\_\_\_\_

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## Statement of Rights

### Each Client is entitled to the following rights:

- The right to be treated as an adult, with respect and dignity, without regards to race, religion, national origin, sex, age, disability, marital status, or source of payment.
- The right to be free of abuse, neglect, and exploitation
- The right to participate in a program of services and activities that promote positive attitudes regarding one's usefulness and capabilities.
- The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.
- The right to self-determination with the day activity setting, including the opportunity to:
  - Participate in developing one's plan for services
  - Decide whether or not to participate in any given activity
  - Be involved to the extent possible in program planning and operation
- The right to be cared for in an atmosphere of sincere interest and concern in which support and services are provided.
- The right to be free of interference, coercion, discrimination and reprisal in exercising their civil rights.
- The right not to be restrained except under the direction of a physician or in an emergency to protect the client or others from injury.
- The right not to be prohibited from communicating in their native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care, or services.
- The right to complain about their care or treatment. The complaint can be made. Anonymously. or communicated by a person designated by the client. The person providing the service shall promptly respond to and: resolve the complaint. No punitive action or discrimination will be taken against the client for making the complaint.
- The right to be informed in a language they understand of their total medical condition and shall be notified if that condition changes.
- The right to refuse medical treatment after they have been advised of the possible consequences of refusing treatment and only if they fully understand these consequences.
- The right to execute an advance directive for future care.
- The right to privacy and confidentiality.

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Client or Responsible Party Signature

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Date

## Lula's Place Adult Day Facing Facility Rules rev. 01/12

**When several people congregate daily it becomes necessary to establish some rules to follow.**

- Clients are expected to come to the Center clean, bathed, and neatly groomed.
- Clients that are not feeling well, i.e. coughing, fever, or anything that could be transmitted, please inform us and keep them home.
- Be considerate of others and put items back in their original place.
- Good manners are welcomed at all times.
- Please respect the human rights of others while in the facility.
- For your own safety and protection, clients must obey the safety rules of the facility.
- Any client that continually causes a disruption, curses, yells, hits, etc., or otherwise causes a safety issue for other clients, staff or themselves will be suspended, and/or possible removed from the program.
- The client phone is available for scheduling metro rides, appointments and emergencies. Do not make long distance calls. Do not call directory assistance. Limit your time on the phone.
- Smoking is not permitted on the grounds of the facility.
- Everything here is for your pleasure. Missing or stolen items are difficult to replace. **The Center is not responsible for lost or stolen items.** Do not bring anything of value with you. If caught stealing, you could be suspended permanently from the program.
- Please label all articles of clothing.
- Staff are **not allowed** to lend money to clients.
- Do not borrow money from each other. Do not share your food or drink.
- Please do not go into offices, kitchen or pantry without a staff person with you.
- Do not leave the Center without notifying a staff person and having someone sign you out.
- If you have a problem with other client, please inform one of the staff person with you.
- Standing, yelling, screaming or otherwise causing distraction while riding in the facility van is prohibited and will result in removal from the facility van. Seatbelts must be worn at all times.
- On field trips you **must** remain with the group at all times.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Director/Activity Director \_\_\_\_\_

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**Permission for Picture Taking**

I, \_\_\_\_\_ give permission for Lula's Place Adult Day Facility to take pictures of me for my chart and to display on the facility bulletin boards. I understand that Lula's Place reserves the right to use the names and photographs for editorial, promotional and public relation purposes.

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**Client Signature or legal guardian**

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**Date**

# Lula's Place Adult Day Facility, LLC

## Complaint Policy

As follows, the complaint policy for Lula's Place Adult Day Facility, LLC states:  
This policy is in accordance with HHSC 40 TAC 49.310

- 1) Allow a complaint to be submitted to the contractor: If complaint is against contractor-contact the numbers listed below. HHSC
  - A. either orally or in writing; and
  - B. anonymously; and
- (2) require contractor to,
  - (A) Request, but not require disclosure of, the name, mailing address, and telephone number of the complainant is received.  
Complaints-abuse, neglect, or exploitation Reportable to HHSC by facilities: (TAC 98.92)-Any Facility staff who has reasonable cause to believe that an individual is in state of abuse, neglect, or exploitation must report it to HHSC state office at the number listed below and follow the facility's internal policies.

**HHSC Consumer Hotline: 1-800-252-5400 and Department of Protective Services Hotline: 1-800-485-9858**

HHSC complaints must include the following:

- Name, age and address of the the individual;
- Name and address of the person responsible for the care of the individual;
- Nature and extend if the individuals condition;
- Basis of the reporter's knowledge; and any other relevant information

The facility will investigate the alleged abuse, neglect or explanation and send a written report of the investigation to HHSC state office no later than 50 days after the oral report and be available for inspection by HHSC.

By signing below, indicates that I have read understand that all complaints must be handled according to the procedures listed on the Complaint Policy of Lula's Place Adult Day Facility, LLC

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Client Signature or legal guardian**

---

**Date**

# *Lula's Place Adult Day Facility*

## Leaving Policy

### **1. PURPOSE**

The purpose of this policy is adhered to the safety of the clients and staff.

### **2. POLICY**

All clients must remain within the facility perimeter with proper supervision. The client must not leave the facility without proper supervision and/or permission from Lula's Place staff.

This policy is enforced for all Lula's Place clients, while at the facility and/or during Lula's Place outings/field trips and outings.

In the event that client leaves the facility, with or with permission, the client must sign the client out and verbally notify staff.

### **3. SANCTIONS**

In the event, any client leaves the property without permission and/or proper supervision of a staff member, the client may be expunged from the program, as safety remains our first priority.

*By signing below, this indicates that I understand and agree to the above "Leaving/remaining at facility" policy.*

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

Thanks,  
Lula's Place Adult Day Facility

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**Below is a listing of items that each client should bring with them to the Facility:**

- An extra change of clothing: top, pants, underwear or pampers, diapers), socks
- Any medication that the individual must take during hours spent here at the facility. Prescription medication should be in a prescription bottle with pharmacy label indicating the correct dosage. If medication is given before the client arrives, please give indication of time given and time of next dosage to be given at the facility.
- If at all possible, purses and valuable items should be left at home. The facility is not responsible for lost or stolen items.

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**Parent, caregiver, guardian signature**

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**Date**



The policy of Lula's Place Adult Day Facility regarding Advance Directives states the following:

In the event of a client or staff becoming unable to breathe on their own or determined to be rendered unconscious, **CPR will be administered and 911 will be called immediately.**

*By signing below, you agree that you understand the "Advanced Standing Directive Policy" of Lula's Place Adult Day Facility.*

*Lula's Place Adult Day Facility, LLC*

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**Print Name**

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**Signature**

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**Date**