



TARA HOME

Compassionate Care for the End of Life

RESIDENCE ADMISSION AGREEMENT

Name of Applicant: _____

Date of this Agreement _____

____ I, the above named individual, request admission to Tara Home and acknowledge, consent, and agree to the following:

--- or ---

____ I, the DPOA and/or the member of the immediate family for the above named applicant, request his/her admission to Tara Home and agree to the following:

Please Initial Each Statement

1. ____ I ask that my family/friends respect my choice for palliative care at Tara Home.
2. ____ I understand that the care provided at Tara Home is palliative, not curative in its goals and techniques; that the program emphasizes the alleviation of physical symptoms, including pain, and the identification and meeting of emotional and spiritual needs which I and my family/friends may experience related to my illness.
3. ____ I understand my prognosis and have come to the decision that I do not wish to be resuscitated in the event of a cardiopulmonary arrest; I have informed my physician of my wishes and executed a DNR (Do Not Resuscitate Order).
4. ____ I understand that medical and professional nursing services are provided by Hospice in consultation with my physician. These services include social work, regular visits by registered nurses, and 24-hour on-call nurses and physician for emergencies.
5. ____ I understand that if my need for medical or nursing care should at any time exceed those services able to be provided by Tara Home staff or through Hospice or if my condition should improve to the point where hospice services are no longer appropriate, I will be discharged from Tara Home and transferred home or to another facility. Tara Home does not cover the costs of transportation or relocation.



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6. _____ I give consent and approval for notations to be made both on the records of Tara Home and Hospice regarding the care provided at Tara Home.
7. _____ I give consent and approval for the release of information and appropriate medical records to or from any health care provider or organization involved with my care.
8. _____ I understand that I am requested, prior to admission to Tara Home to have and submit a copy of a Durable Power of Attorney for Health Care and a Durable Power of Attorney for finances.
9. _____ I understand that prior to admission to Tara Home, mortuary arrangements, must be completed.
10. _____ I understand that I will continue any medications prescribed for mental health; and that undue stress to our caregivers due to unresolved mental illness or excessive anguish is grounds for dismissal.
11. _____ I understand that any sexual harassment or inappropriate touching is grounds for dismissal.
12. _____ I understand that Tara Home has a double-fee structure:
 - a. All residents will be charged a fee payable to Tara Home that includes rent and certain support services. I understand that it is my responsibility, or that of my Designee to make payments every month, and that failure to make such payments may result in discharge from Tara Home. Generally, third party payer sources do not reimburse for the above charges. I understand that it is my responsibility to pay for costs of food purchased for me.
 - b. Medical services provided by Hospice and costs for medications and equipment and other services will be charged to my third party payer source or will be billed separately to me. I understand that it is my responsibility to pay for that portion of the bill that my third-party payer does not pay.
13. _____ I understand that smoking is not permitted on the grounds of Land of Medicine Buddha.



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14. _____ I understand that I may drink alcohol in moderation as directed by my physician and that abuse of alcohol or disruptive behavior may result in my discharge from Tara Home.
15. _____ I understand that I am not permitted to keep or use weapons and/or illegal drugs of any kind at Tara Home.
16. _____ I understand that I and my family and friends who visit must abide by the general rules that apply to guests of Land of Medicine Buddha while at Tara Home. The patient or patient's family/friends will report any issues related to their stay to Tara Home staff, and not to LMB staff, unless there is a dire emergency.
17. _____ I understand that the Tara Home cabin is located in the redwoods in which dwell many animals and that Tara Home has a no-kill policy for the creatures of the forest.
18. _____ I understand that visitors may be limited at any time at my request, and that visitors will be asked to leave at any time if they become disruptive and/or disturb other residents. Visitors must leave Tara Home by 10:30 pm, or by agreement with Tara Home.
19. _____ I understand that I may voice my concerns regarding the care provided at Tara Home in writing to the Steering Committee of Tara Home and/or the Executive Director of Hospice.
20. _____ I understand that my home address will become the address of Tara Home during my stay. I hereby authorize services to be provided to me at Tara Home and accept full responsibility for payment of such services.
21. _____ I understand that family and friends are not permitted to use Tara Home as their residence.
22. _____ I understand that neither I, my family, nor my friends, are allowed to make any substantive physical changes to the cottage without agreement from the director of Tara Home.



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EXECUTION

Voluntary participation. I acknowledge that I have voluntarily applied to become a resident of Tara Home.

Promise to Pay. There are two charges for which the resident or family of the resident are responsible 1. Rent of \$1,500 per month or \$50 per day; and overnight care when needed billed at \$120 per night (shift runs from 11 pm to 7 am), when a volunteer or family member is not available.

Assumption of risk. I am aware that throughout the dying process I may experience intense psychological, spiritual, and/or physical states of mind and body. I am voluntarily residing at Tara Home with full knowledge of the risks involved, and hereby agree to accept any and all risks associated with the end-of-life process.

Release. As consideration for being permitted by Tara Home and the Land of Medicine Buddha to reside at Tara Home and receive end-of-life care there, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Tara Home or Land of Medicine Buddha, its affiliates, employees, agents or volunteers or any of its affiliated organizations for injury or damage resulting from acts, however caused, by any employee, agent, volunteer, or contractor of Tara Home, Land of Medicine Buddha, or any of its affiliated organizations. I hereby release Tara Home and any of its affiliated organizations from all actions, claims or demands that I, my assigns, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my residing at Tara Home.

Knowing and voluntary execution. I have carefully read this Agreement and fully understand its contents. I have been given ample opportunity to ask any and all questions concerning Tara Home, the care provided, and complaint procedures. I am aware that this is a release of liability and a contract between me and Tara Home and/or its affiliated organizations, and sign this Agreement of my own free will.



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Applicant

Signature

Date

Witness #1 Signature

Witness #2 Signature

DPOA/Immediate Family Member

Signature

Printed Name

Witness #1 Printed Name

Witness #2 Printed Name

Printed Name
