



McCormick Dementia Services

Advancing Community Outreach

McCormick Adult Day Program Financial Agreement

_____ hereby registers to attend the McCormick Dementia
(Client's Name)

Services Adult Day Program.

I, _____ accept responsibility for the payment of \$13.00
(Power of Attorney/Substitute Decision Maker's Name)

per day for sessions attended (9:30 a.m. to 3:00 pm) and the BGC transit payment of \$13.00 per day (if applicable).

User fees for both the day program and BGC transit will still apply during the client's absence (planned or unplanned) until a discharge is requested by the client's substitute decision maker.

I understand that I will be billed on a monthly basis for this service and that I may discontinue the service at any time.

Power of Attorney/

Substitute Decision Maker's Signature: _____

Date: _____