



Inclusions East Inc. _____

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ASSOCIATE FAMILY AGREEMENT

THE ASSOCIATE FAMILY

The purpose of the Associate Family Program is to provide a warm, homelike atmosphere in which people who are intellectually challenged can enhance their ability to live in the community. The program offers a continuum of services that provides the opportunity for intellectually challenged adults to develop social, vocational, recreational and independent living skills according to each person's abilities. Some individuals may eventually move to a more independent setting.

By becoming an Associate Family, you will be providing a nurturing, stimulating and supportive environment for a person who is intellectually challenged for as long as he or she needs it, through good and bad times.

Private homes may be approved providing that:

1. There is a need for the home
2. The applicant is prepared to meet and is able to meet program standards
3. The home meets certain physical standards
4. The applicant has no major health problems
5. The applicant receives positive references
6. The applicant has no criminal record, and
7. The applicant has adequate house insurance coverage

New homes are usually approved for one person. Most Associate Families have three or fewer clients in their home and, under the Community Care Facilities and Nursing Homes Act of the Province of P.E.I. can have **no more than three permanent clients in their home receiving care services.**

If at any time there are changes to the information presented in your application, you are responsible for notifying your Residential Co-ordinator so that we can make the necessary changes to the status of your application.

If you have any issues or concerns not answered by this agreement, they should be discussed with the Residential Co-ordinator.

1. **Associate Family** means a person(s) who operates an Approved Private Home, throughout this agreement, Associate Family may be referred to also as Care Giver.
2. **Client** means a person who resides in an Approved Associate Family Home for the purpose of receiving lodging, supervision, personal care, individual programming, community access and a sense of belonging.

For clients eligible for **Income Support, Supported Room and Board** rates are established by Income Support. Client expenses are approved and paid through Financial Assistance as it determines.

For clients eligible for Disability Support funding, a support plan will be developed through the Disability Support Program (DSP).

CRITERIA FOR SUPPORTED ROOM & BOARD IN APPROVED ASSOCIATE FAMILY

The *Criteria for Supported Room & Board in Approved Associate Family* has been developed to provide assistance to ensure an appropriate level of care is provided.

Two important areas to be considered are:

1. if a client has physical, medical, social or behavioural issues; and
2. the amount of supervision or guidance you must provide to a client.

ABSENCES FROM THE HOME

CLIENT:

- **Temporary Absences** - Temporary absences of the client from the Associate home other than approved respite days or absences identified in Case Plan i.e.: visit to family, vacation, camp etc. must be communicated to the Residential Co-ordinator.

ASSOCIATE FAMILY:

- When leaving your home, you must arrange for a responsible person, **preauthorized** by the Residential Co-ordinator to supervise the client, when their level of care deems necessary as specified in a Case Plan.
- Person(s) who plan to provide supervision to clients residing in Associate Homes will be interviewed and screened by the Residential Co-ordinator.
- Person(s) who plan to provide respite (day, night, over night) will also be interviewed and screened by the Residential Co-ordinator. Respite providers must have a Criminal Record Check completed, First Aid/CPR and be interviewed by the Residential Co-ordinator.

ACCESS TO HOME:

- Clients will have reasonable access to your house. This means that, within reason, clients should be able to leave or stay in the house as they please. Any area of the house where clients are not allowed could have locked doors.

AT NO TIME SHOULD ANYONE BE LOCKED OUT OF HIS OR HER HOME.

There are times that social functions occur where all those involved are members of the family. During these times, clients will not be expected to remain in their bedrooms, if agreed upon however, activities can be arranged outside the home or respite can be accessed during these times.

AREAS OF SUPPORT FOR APPROVED ASSOCIATE FAMILY

- **Home** - The atmosphere in an Approved Associate Family shall be warm and family-like. The client shall receive appreciable and appropriate attention from your family. Also, your family should be assisting the client in daily living activities where appropriate and encouraging the client to develop self-help and social skills.

The outline below provides a summary of potential areas of support a client. Some items may or may not apply as determined by individual client case plan.

- **Budgeting** - You should be prepared to assist and supervise clients in handling their money. A client may require help to distinguish the value of money and may need assistance in purchasing small and/or large items. Providing a weekly allowance may help a client learn to budget wisely and also. Associate Families are expected to document expenses in the Clients Financial Log.

- **Clothing** - Each client shall have an adequate amount of neat, clean, fashionable and seasonal clothing and footwear. Such clothing makes it possible for clients to go outdoors in inclement weather and to dress appropriately for employment, trips or visits in the community.

Clients shall be encouraged to select their daily clothing, dress themselves properly, wear clothes appropriate for different activities, select, purchase, and maintain (launder, clean, mend) their clothing as independently as possible.

Ample closet and drawer storage space must be provided for each client's clothing.

- **Dental Services** - Each client will be taken for a dental checkup at least once a year and more often if a problem arises. Prior to a dental examination, you must contact the clients Financial Worker at Income Support for approval of the expense.

Clients are expected to brush their teeth daily. Supervision or assistance may be required to ensure an acceptable level of oral hygiene.

- **Dining** - Meals will be served in a "family" atmosphere. Clients will not be served in their rooms, except during periods of severe illness.

Clients will have access to snacks and beverages at non-meal times. Meals will be provided three times a day and will not be withheld for any reason.

When a client attends a day program away from your residence, it is your responsibility to provide an adequate lunch, and any other supplies required i.e.; suntan lotion.

➤ **Emergency Safety** - Residential Co-ordinator and/or client's family member will be **notified immediately** for any serious incident involving a client such as:

- Death of a client,
- Serious injury, illness or hospitalization,
- Neglect or mistreatment of a client,
- Alcohol or drug misuse of a client,
- Apprehension by the police,
- The client is deemed missing,
- Or any other serious occurrence.

➤ **Health, Hygiene and Grooming** - Clients will be assisted in exercising maximum independence in health, hygiene and grooming practices including: bathing, use of deodorant, brushing of teeth, shampooing, washing, combing and brushing hair, shaving and caring for toenails and fingernails. Supervision and assistance may be required to ensure that a client brushes his or her teeth daily. Clients who require assistance with cutting toenails and fingernails will be placed on a regular maintenance schedule for this activity.

Separate toilet articles (i.e. tooth paste, soap, shaving gear etc.) must be provided to each individual.

A client may require encouragement and support to maintain the use of dentures, eyeglasses, hearing aids, etc.

Clients will bathe on a regular basis.

A client will be supported to access hair cutting and/or styling services on a regular basis.

If required, a client's toilet habits will be adequately supervised. If loss of bladder control or incontinence develops, a physician should be consulted.

➤ **Mail** - Mail is personal and private by law. Any mail received in a client's name is that person's property and is not to be withheld or opened by anyone else without the

client's consent. However, it may be necessary to read, write or interpret the contents of mail for/with a client. Also, outgoing mail, by law, will not be tampered with or censored in any way.

- **Meals** - A nourishing, well-balanced diet consisting of three meals a day will be provided. Between meal and before bedtime snacks and beverages shall also be provided where appropriate. Lunches are to be prepared and sent with the Client if necessary.

A client shall be allowed to eat at a leisurely rate so that he or she receives adequate nutrition, learns to eat with the greatest amount of independence and has some time to socialize with others.

Special diets and dietary needs will be determined as per the Case Plan.

- **Medical Services** - Each client will be provided with medical services as required. When a medical problem occurs, you must ensure that the problem is diagnosed, treated and followed up by the client's physician. Every client has the right to access medical services via a Family Doctor and including an annual physical to be completed by a Family Physician. Clients will be supported to pursue a Family Physician.

Sleeping problems such as restlessness, sleepwalking, etc. will be observed and reported to the Residential Co-ordinator.

Annual physical examinations for Client(s) are expected.

A client may require some supervision and assistance when taking medications. **At no time are you to change the recommended dosage of a medication unless a physician has been consulted.** Counselling may be required to help a client handle his own medications.

If any person in the home is found to be suffering from any infectious or communicable disease, the client's Residential Co-ordinator will be **notified immediately.**

- **Personal Possessions** - Clients have the right to reasonable use of and control of access to personal possessions such as tobacco, cigarettes, toys, books, radios, toiletries, mail, jewellery, spending money and photographs. They will be provided with reasonably adequate space to store items.

- **Privacy** - A client in your home will be allowed a reasonable amount of privacy. Like anyone, a client needs time and a place to get away from it all.
- **Protection** - Adult clients living in your home are protected by law. This means you cannot physically, emotionally, or verbally abuse an adult client. Allegations of abuse will result in an investigation, which may involve local law enforcement and adult protection, and will also result in termination of this agreement.
- **Relationships and Activities** - Clients should be encouraged to develop meaningful interpersonal relationships with other men and women. Clients should be able to participate in recreational activities, service clubs and organizations; aquatics, including water play, swimming, boating; arts and crafts; physical fitness activities; library services for reading, listening and viewing; celebration of special events such as holidays, field days, etc.; winter activities such as snow sculpture, snow play, games and sports.

It is important that clients are allowed to choose their own leisure-time activities. The client is responsible for recreation and related transportation costs. You must be prepared to at least arrange transportation for a client to and from a planned activity.

- **Religion** - Clients have a right to practice a religion of their choice. Although it is not necessary for you to attend their church, you should make every effort to ensure they have the opportunity to attend the church of their choice.
- **Telephone** - Clients have the right to reasonable telephone access. Telephone conversations are private.
- **Visitors**- Clients have a right to receive visitors. The normal rules of each family should apply.
- **Voting**- Clients have the right to exercise their right to vote in an election.

CONFIDENTIALITY

Client information is kept confidential. You must not underestimate the confidential nature of any client and the information given to you. You will be provided with confidential information on "Client Fact Sheets" placed in your home.

You will be required to sign a "Declaration of Confidentiality" for each client living in your home. Breach of this confidence can result in the termination of this agreement.

CLIENT'S RIGHTS

Every Client in your home has the right to be treated with the utmost dignity and respect and is protected by law against exploitation, demeaning treatment or abuse.

Associate Families must sign an Oath of Confidentiality and ensure that information regarding a Client's personal and private affairs are kept confidential from any unauthorized person.

Every person in Canada is protected by the Canadian Charter of Rights and Freedoms and also the Canadian Human Rights Act. The Human Rights Act states that all individuals should have equal opportunities without discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability or conviction for an offence which a pardon has been granted. (Canadian Human Rights Act. R.S 1985, c H-6 <http://laws.justice.gc.ca/en/H-6/FullText.html>)

Part I of The Charter of Rights is divided into a number of categories:

- Fundamental Freedoms
- Democratic Rights
- Legal Rights
- Equality Rights
- Official Languages
- Minority Language Educational Rights

CHARTER OF RIGHTS AND FREEDOMS

Here are some of the key highlights of each section:

Fundamental Freedoms (Section 2): These include freedom of conscience and religion, thought, belief, opinion and expression.

Democratic Rights (Section 3, 4 and 5): the right to vote

Mobility Rights (Section 6): the right to move and live in any province and the right to pursue a livelihood in any province

Legal rights (Section 7-14): the right to life, liberty, and security of the person. The right to no cruel and unusual punishment and the right to counsel.

Equality Rights (Section 15): Every person has the right to equal benefit and protection of the law without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability.

Canadian Charter of Rights and Freedoms . Part 1 of the Constitution Act, 1982 . www.chrc-ccdp.ca/en/browseSubjects/chartrits.asp http://laws.justice.gc.ca/en/charter/1.html#anchorbo-ga:l_l

Associate Families:

HEALTH SERVICES

Clients Consent to Treatment - As an Associate Family you are not authorized to sign medical consent forms for the client residing in your home. If a client is unable to sign a medical consent form because of mental or physical disability and is in need of medical treatment:

- A)** Section 90 of The Public Health Act requires that the nearest relative sign a medical consent form or, if no next-of-kin is available, two licensed physicians sign the medical consent form. Therefore, in the event of a non-emergency situation, please contact the client's Residential Co-ordinator for information on next-of-kin.

- B)** For emergencies, a doctor has the authority to consent for treatment under the Hospital Standards Regulations.

Health Coverage - As an Associate Family, you should be aware of the type of health coverage possessed by your client. In addition to benefits received under the Provincial Medicare Program, clients who qualify for financial assistance under the PEI Financial Assistance Act also receive supplementary health coverage. For details of the supplementary health coverage, contact the client's Financial Worker at Income Support.

In the event that a client in your home is paying for his or her medical needs from his or her own resources, encourage him or her to purchase additional health coverage.

Locked Medicine Cabinets - For the protection of everyone in your home, all medications will be retained in a locked medicine cabinet. A locked medicine cabinet may include: a locked kitchen drawer, a cash box or a fishing tackle box with a small padlock.

Medication - A client in your home may need medication on a regular basis. You may be required to assist in the ordering and purchasing of such medications, as well as supervising their use.

All medications, including prescription and over-the-counter drugs provided to clients must be authorized and/or scrutinized by a medical doctor.

If a client is capable, he or she should take some responsibility for handling his or her own medications. Discuss the amount of supervision or control that you must have over your client's medications with the Residential Co-ordinator and the appropriate nurse or doctor.

IN SERVICE TRAINING

All Associate Families are expected to participate in CPR, Modified First Aid, and In-Service Training. In-Service Training may consist of; tours of areas that provide specialized services, videos, discussion of community programs or specific client needs (behaviour, epilepsy, finances, etc.) or any other areas that may be of interest.

Training courses may be made available which emphasize:

- a) the rights of the clients
- b) the developmental stages and expectations of a client
- c) current attitudes and issues affecting handicapped individuals and services providers.
- d) safety training

INSURANCE

You must have adequate house and liability insurance. To ensure you have proper insurance coverage, you must discuss the types of services you provide and the type of clients living in your home with your local insurance agent. Your agent, in conjunction with an insurance underwriter, will determine which policy best suits your needs.

TRANSPORTATION

Vehicle insurance and compensation for transportation should be discussed and is determined through client need as outlines in the case plan.

OLD AGE SECURITY BENEFITS

When a person reaches the age of 64, you must be aware of financial changes as a client is required to apply for Old Age Security Benefits. In addition to the pension the client may be eligible for additional Social Assistance coverage, i.e. extended health benefits.

RESPITE RELIEF SERVICES

It is your responsibility to make arrangements for your respite relief. Respite providers must be screened and interviewed by the Residential Co-ordinator and approved prior to arrangements being made. You must advise the Residential Co-ordinator of the arrangements you have made. All respite providers must be given the 24 hour emergency telephone number.

Your respite entitlement will be based on the level of care of the client and will be determined by the client's case plan.

It is your responsibility to track your respite days.

FIRE ESCAPES PLANS AND FIRE DRILL PLANS

You must have working fire extinguishers, smoke detectors and carbon monoxide detectors on each level, one per floor, and a fire extinguisher in your home. Check with your local Fire Inspector regarding the type and proper usage of fire extinguishers.

Every Approved Family Care Provider Home will have an emergency escape plan. The plan will be known and practised by everyone living in the house, including respite providers.

The following is a guide to planning an emergency escape plan for your home:

- Post fire number with other emergency numbers beside your telephone
- Check the fire escape possibilities from each room.
- Locate two exits from each area in case smoke or fire cuts off the usual route of an exit.
- Make a floor plan diagram showing the **two escape routes**. Post the PLAN in a conspicuous place as a reminder. Submit a copy of the floor plan to your Residential Co-ordinator.
- Have someone assigned to notify the Fire Department in case of fire or suspected fire - **AVOID DELAYS**.

- Have a Fire Drill. Be sure each person is familiar with his responsibilities and is able to do his part.
 - Test the doors for heat before opening and go to the usual exit. Then, without taking risks, have each person check the **EMERGENCY EXIT**.
 - Have a meeting place outside - to check that everyone has escaped safely.
 - Do not re-enter the building to save valuables - the risk to life is too great.

- Practice your plan throughout the year, giving special attention to winter months to ensure all emergency exit routes are accessible.



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ASSOCIATE FAMILY AGREEMENT

I have read the Associate Family Manual and agree to uphold the expectations as outlines herein.

Residential Co-ordinator

Associate Family

Witness

Associate Family

Entered into in duplicate on the _____ Day of _____, A.D., _____.

REVISED 11/2009



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OATH OF CONFIDENTIALITY ASSOCIATE FAMILY

I/ We _____, hereby

acknowledge that, as an Associate Family, I may be entrusted with knowledge of the personal and private affairs of clients in my home, and I hereby undertake not to divulge any of this knowledge nor to discuss it at any time or any place, or with any unauthorized person, either during my association with _____ (Agency) or thereafter, except in the course of my duties as an Associate Family. I also acknowledge that a breach of this undertaking may result in the termination of my Associate Family Agreement and care responsibilities.

Date

Signature

Date

Signature

I have explained the implications of signing this Declaration of Confidentiality to _____, and I am fully satisfied he/she is aware of the necessity to hold the affairs of _____ (Agency) and its' Clients in absolute confidence.

Date

Signature

Name (Please Print Clearly)

Position

