



445 A Willard Ave
Newington, CT 06111

AGREEMENT OF RESPONSIBILITY

This is an agreement between my self/client and or responsibility party for my self/client or individual attending the Family Adult Daycare Center.

Please check one of the following:

____ I am the responsible party for myself

____ I am the responsible party managing the affairs of the individual attending the Family Adult Daycare

____ I am the Power of Attorney or have been court appointed to manage the financial and or medical affairs of this individual

____ I have been appointed by probate court as the conservator assigned to manage the individual's estate and making health decisions on behalf of this client.

____ I am a relative or friend of this individual and am managing his/her financial and health care decisions.

I understand that my signature at the end of this admission is my acceptance to comply with the Family Adult Day Care policies and that I am the responsible party or the client attending the center.

Signature _____ Date _____