PARTICIPATION AGREEMENT

Your participation in the programs and activities of Voices of Hope for Aphasia is expressly conditioned upon your agreement of the terms set forth:

- You are able to toilet independently and able to independently self-medicate. If you are unable to do so, you will have a caretaker with you at all times to assist with all your needs.

- You understand that you are responsible for your own self-care, including dressing and meals.

- You understand that if you have swallowing or other medical issues, that you are responsible for maintaining your prescribed medical treatments, diets, and other meal modifications. Staff is not responsible for tracking food restrictions or medications.

- You are physically, psychologically, and cognitively able to participate in our groups.

- You are able to get along with others.

- You understand that you are responsible for your own transportation to and from the facility. Facility staff with not provide transportation.

- You must keep a current list of medications and emergency information on your person (purse, wallet) at all times. Please initial indicating compliance: ________

If, at any time, there has been a change and you are unable to comply with the above, please notify us.

You understand that Voices of Hope for Aphasia is relying upon the representations made by you herein with connection to your participation.

_______________________________  _______________________
Printed Name                              Date

________________________________________________________________________
Signature of member or legal guardian