



Day Habilitation Assumption of Risk & Agreement for:

Name of Individual Served

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state and local governments along with federal and state health agencies recommended guidelines.

At DPI our ultimate goal is to provide Day Habilitation services and ensure our mission is moving forward. Our pace will be cautious and congruent with recommendations of the city, county, state and federal agencies providing guidance. As the situation evolves, we may need to move in reverse at times while keeping the long-term goal within our sights. As we work to make forward progress toward our goal, changes will be communicated to you prior to implementation to assure you are always in a position to make informed decisions.

In accordance with city, county and state guidelines and recommendations, DPI Day Habilitation has put in place preventative measures to mitigate the risk, however attending Day Habilitation at DPI may still increase the risk of contracting COVID-19 as with going to community venues.

Please initial the acknowledgements below:

_____ I have been provided the following materials on risks associated with the individual re-entering services during the Covid-19 Pandemic:

- DPI Day Hab Procedures to Mitigate Risk
- DMH COVID-19 Getting Back into Your Community

_____ I understand the risk of COVID-19 in our community.

_____ I will report any new symptoms of an individual and/or others in the household and the individual will be absent from service until it is documented by a physician that attending is not a risk to others.

_____ If an individual or someone in the household has known contact with a person suspected positive or diagnosed positive with COVID-19, I will self-report to DPI. The individual will stay home until it is documented by a physician that attending is not a risk to others.

_____ I will comply with health screening of the individual and temperature check prior to each scheduled service, and follow DPI's entrance and exit policies.

_____ Individuals will practice social distancing and/or wear a mask as tolerated (DPI provided & laundered), practice good personal hygiene and sanitation practices when receiving services and will receive teaching and support to meet these terms as needed.

_____ The need to halt services may arise suddenly and for varying lengths of time due to staffing levels or illness and I will respond promptly to requests for transportation home.

_____ I may choose not to receive services for any reason, at any time, and for any length of time at my own discretion with appropriate notice to the Executive Director, Rebecca Case at (816) 914-6843 or email rcase@developingpotential.org.

_____ I will participate in regular questionnaires regarding the health of the individual and the people living in his or her household.

By initialing the above acknowledgements, I acknowledge and agree to assume the risk and responsibility for potential of exposure to COVID-19 as a result of attending Day Habilitation services at my assigned DPI location at my discretion.

Signature of Legally Responsible Person

Date