

# SUPPORTIVE SERVICES AGREEMENT



**Kenisha's House**  
**4440 Cloyne St. Oxnard, CA 93033**

**(805)874-1188**

**Consumer Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

## 1. PURPOSE OF AGREEMENT

This Supportive Living Services Agreement outlines the services to be provided by **Kenisha's House** and the expectations of the consumer.

The goal of supportive living services is to assist the Consumer in maintaining maximum independence, community integration, personal choice, health, safety, and quality of life.

## 2. SERVICES PROVIDED

The Provider agrees to provide services based on the Consumer's Service Plan , Person-Centered Plan, or other approved service plan.

Services may include:

- Independent living skills training
- Assistance with daily living activities
- Community integration and participation
- Transportation assistance
- Medication reminders
- Health and wellness support

- Financial management assistance
- Employment support
- Social and recreational activities
- Advocacy and resource coordination
- Other: \_\_\_\_\_

Specific services authorized:

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### **3. CONSUMER RIGHTS**

The Consumer has the right to:

- Be treated with dignity, respect, and consideration.
- Participate in decisions regarding services and supports.
- Exercise personal choice and self-determination.
- Privacy and confidentiality of personal information.
- Be free from abuse, neglect, exploitation, discrimination, and harassment.
- Review records as permitted by law.
- Voice complaints or grievances without retaliation.
- Refuse services unless otherwise required by law or court order.

### **4. CONSUMER RESPONSIBILITIES**

The Consumer agrees to:

- Participate in service planning and goal development.
- Provide accurate information necessary for service delivery.
- Treat staff and others respectfully.

- Notify the Provider of changes in contact information, health status, or living arrangements.
- Follow agreed-upon safety procedures.
- Communicate concerns or grievances promptly.

## 5. PROVIDER RESPONSIBILITIES

The Provider agrees to:

- Deliver services in accordance with applicable laws, regulations, and organizational policies.
- Respect Participant rights and preferences.
- Maintain qualified and trained staff.
- Protect confidential information.
- Maintain records of services provided.
- Notify the Participant of significant changes affecting services.

## 6. FEES AND PAYMENT

No participant fees are required.

OR

Participant shall be responsible for:

Service Fee: \_\_\_\_\_

Payment Schedule: \_\_\_\_\_

Late Payment Terms: \_\_\_\_\_

Funding Source(s):

Medicaid Waiver

Regional Center

Private Pay

Other: \_\_\_\_\_

## **7. CONFIDENTIALITY**

The Provider will maintain the confidentiality of Consumer information in accordance with applicable federal, state, and local laws, including any applicable privacy regulations.

Information may only be disclosed with proper authorization or when required by law.

## **8. EMERGENCY PROCEDURES**

In the event of a medical, behavioral, or safety emergency, the Provider may:

- Contact emergency services (911).
- Contact emergency contacts listed by the Consumer.
- Take reasonable actions necessary to protect health and safety.

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## **9. INCIDENT REPORTING**

The Provider shall document and report incidents as required by law, funding agencies, and organizational policies.

Participants will be informed of reportable incidents involving their health, safety, or services when appropriate.

## **10. GRIEVANCE PROCEDURE**

Participants may submit complaints or grievances without fear of retaliation.

Complaints may be submitted to:

Kenisha Walker

CMO/ Support Professional

(805) 844-1986, [info@kenishashouse.com](mailto:info@kenishashouse.com)

The Provider will investigate and respond within 5 business days.

## **11. TERMINATION OF SERVICES**

Services may be terminated:

- At the Consumer's request.
- Upon achievement of service goals.
- If eligibility requirements are no longer met.
- Due to non-compliance with program requirements when appropriate.
- For health or safety concerns that cannot be reasonably addressed.
- For non-payment of fees (if applicable).

Whenever possible, reasonable/legal notice will be provided.

## **12. NON-DISCRIMINATION**

The Provider does not discriminate based on race, color, religion, sex, sexual orientation, gender identity, age, disability, national origin, or any other protected status under applicable law.

### **13. ACKNOWLEDGMENT**

By signing below, the Consumer acknowledges that they have read, understood, and received a copy of this Agreement and have had the opportunity to ask questions.

#### **CONSUMER**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **LEGAL REPRESENTATIVE (if applicable)**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

#### **PROVIDER REPRESENTATIVE**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_