NEW PARTICIPANT APPLICATION

Boca Raton Adult Daycare

Enrollment Packet — Application, Program Summary, Rates, Policies & Regulatory Disclosures

2120 N. Dixie Highway, Boca Raton, FL 33431
561-299-0417 · PFAdultDayCareCenter@gmail.com · bocaadultdaycare.com

What this packet contains

Section 1	Program summary — services, hours, who we serve
Section 2	Enrollment process, step by step
Section 3	Rates, fees & transportation
Section 4	Payment terms, attendance & cancellation policy
Section 5	Regulatory disclosures & scope-of-service statement
Section 6	Rights, responsibilities & privacy
Section 7	Required documents checklist
Section 8	Application form — participant, caregiver, clinical, payer
Section 9	Authorizations, consents & signatures

How to submit

Complete Sections 8 and 9 in blue or black ink. Return the packet by any of the following:

- In person — 2120 N. Dixie Highway, Boca Raton, FL 33431 (Monday–Friday, 9:00 AM – 5:00 PM).
- Email — scan or photograph every signed page and send to PFAdultDayCareCenter@gmail.com.
- Online — complete the same application at bocaadultdaycare.com/enrollment and upload documents securely.
- Questions — call 561-299-0417. We will help you complete the form over the phone.

Do not write full Social Security numbers or full payment card numbers on this form. We collect those separately and securely at enrollment.

This packet is informational and does not create an obligation to enroll. Enrollment is confirmed only after the pre-enrollment assessment, a signed Adult Day Care Services Agreement, and payment of the registration fee. Where this summary and the signed Services Agreement or Center Policies differ, the signed agreement and policies govern.

Section 1 · Program summary

Boca Raton Adult Daycare is a family-owned social adult day care center in Boca Raton, Florida. We provide supervised daytime care, structured engagement, meals, and caregiver relief in a secure, staffed environment.

Services offered

Program	Setting
Program A — Adult Day Care Supervised daytime program: structured activities, meals and snacks, wellness checks, memory-support engagement, caregiver respite.	Primary program

This application and packet cover Program A — Adult Day Care only. Enrollment in Program A does not enroll a participant in any other service line.

Hours & program calendar

Program hours	Monday – Friday, 9:00 AM – 5:00 PM
Minimum attendance	3 days per week (Program A)
Half day	Up to 4 hours
Monthly closure	The Center is closed the last Thursday of every month for our Health, Safety & Deep Sanitization Day.
Tours	Wednesday, Thursday & Friday, 11:00 AM – 3:00 PM, by appointment (48 hours advance notice).
Late pickup	Pickup is required by 5:00 PM; late-pickup fees apply (Section 4).

Who we serve

- Adults who benefit from daytime supervision, socialization, and structured activity.
- Adults living with mild to moderate memory loss who are safe in a social (non-medical) setting.
- Families and caregivers who need reliable, scheduled respite during the workday.

Admission requires a pre-enrollment assessment. We may decline or discontinue enrollment when a person's needs exceed the non-medical scope described in Section 5.

Section 2 · Enrollment process, first to last

Step 1 — Inquiry	Call, submit the website form, or visit. We capture the participant's needs, requested days, and transportation interest.
Step 2 — Pre-tour intake	A short intake confirms the participant is a fit for a social adult day program and that the requested schedule meets the 3-day minimum.
Step 3 — Tour	Scheduled Wednesday–Friday, 11:00 AM – 3:00 PM, by appointment. Tours are confirmed automatically once intake is complete.
Step 4 — Application	Complete Sections 8 and 9 of this packet (or the online form).
Step 5 — Documents	Provide the items in the Section 7 checklist.
Step 6 — Pre-enrollment assessment	An in-person assessment determines the support level, any Enhanced Support tier, and transportation eligibility.
Step 7 — Agreement & fees	Sign the Adult Day Care Services Agreement, complete the Payment Authorization, and pay the $75 registration fee (plus the $250 behavioral deposit if the assessment requires it).
Step 8 — Start date & care plan	We confirm the first day, build the individualized care plan, and review it with the family.
Step 9 — Ongoing review	Care plans and support levels are reviewed periodically and whenever needs change.

Typical timeline: most families complete Steps 1–8 within 5–10 business days once the required documents are received. Missing documents are the most common cause of delay.

Section 3 · Rates, fees & transportation

Daily rates — Program A

Item	Rate
Standard daily rate (3-day minimum per week)	$95 / day
Monthly advance auto-pay (5 days/week)	$85 / day · saves $10
Enhanced Support — Level I (by assessment)	Starting $185 / day
Enhanced Support — Level II (by assessment)	Starting $225 / day
Enhanced Support — Level III (by assessment)	Starting $265 / day
Half day (up to 4 hours)	65% of daily rate

Enhanced Support pricing reflects additional non-medical supervision, cueing, redirection, and individualized engagement — not skilled nursing, therapy, medication administration, or medical treatment. The support level is set by assessment, not by request.

Transportation (optional add-on)

Item	Rate
Level I — round trip	$35 / day
Level II — round trip	$45 / day
Level III — round trip	$55 / day

Transportation is optional and billed only when selected. Service is available only within 8 driving miles of 2120 N. Dixie Highway, Boca Raton, FL 33431. Distance shown by our online checker is preliminary only — final eligibility is subject to staff route review, mobility assessment, vehicle capacity, and program approval.

One-time enrollment charges

Item	Rate
Registration / administrative fee (per new participant)	$75 one-time
Behavioral / enhanced supervision deposit (when applicable)	$250 one-time

The registration fee is collected once at initial enrollment and is non-refundable. The $250 behavioral deposit is a one-time, non-refundable charge applied only when required by the participant's assessed needs and enrollment terms.

Other charges

Item	Rate
Late pickup — first 15 minutes after 5:00 PM	$1 / minute
Late pickup — thereafter	$2 / minute
After-hours staffing fee — after 5:30 PM	$50
Late payment fee — after 5 days past due	$35
Returned payment fee	$35
Card / HSA / FSA processing fee	6.5% of charge

Discounts: veterans, first responders, and educators receive an additional 5% off the monthly rate with verification. Discounts are not combinable unless approved in writing.

Section 4 · Payment, attendance & cancellation policy

Payment terms

- Private pay. The Center is private pay by default. Where a third-party payer, long-term care insurance policy, or program authorization applies, it must be approved in writing before the first service day.
- When payment is due. Monthly advance auto-pay is billed before the service month. Standard scheduling is billed per the invoice terms shown on the statement.
- Accepted methods. ACH and Zelle (preferred, no fee); credit/debit and HSA/FSA (6.5% processing fee); check or money order.
- Late payment. A $35 late fee applies after 5 days past due. Service may be suspended after 15 days past due. Returned payments incur a $35 fee.

Attendance & cancellation

- All charges are non-refundable. Program fees, the registration fee, transportation fees, and the $250 behavioral deposit (when applicable) are non-refundable.
- 48 hours or more notice. Cancel 48 or more hours before a scheduled day and no refund is issued, but an account credit is applied toward a future attendance day, subject to availability.
- Under 48 hours, or no-show. The day is forfeited — no refund and no credit.
- Account credits are applied to future attendance only, are non-transferable, and have no cash value.
- Center closures. Days the Center is closed (including the last Thursday of each month and posted holidays) are not billed and do not consume a scheduled day.

Suspension & discharge

- Enrollment may be suspended for non-payment, unsafe behavior, or needs exceeding the Center's non-medical scope of service.
- Families receive written notice of discharge with the reason and, where applicable, referral information.
- Outstanding balances remain due upon discharge.

Section 5 · Regulatory disclosures & scope of service

Scope-of-service statement

Boca Raton Adult Daycare operates Program A as a social adult day care center. The Center provides supervision, structured activities, socialization, meals, and general assistance in a non-medical setting.

The Center does not provide:

- Skilled nursing care or medical treatment.
- Physical, occupational, or speech therapy.
- Administration of medication. (Where permitted and documented, staff may provide reminders only; participants or their representatives remain responsible for medications.)
- Emergency medical services. Staff call 911 and notify the emergency contact.
- One-to-one private duty nursing or overnight care.

Admission criteria required by Florida rule

Admission is governed by part III of chapter 429, Florida Statutes, and rule chapter 59A-16, Florida Administrative Code (Adult Day Care). Each applicant must meet all of the following before the first service day:

- Physician statement within 45 days prior to admission. A statement signed by a Florida licensed physician (ch. 458/459, F.S.), a Florida licensed health care provider under the direct supervision of a physician, or a county health department, signed within 45 days before admission, stating the applicant is free from tuberculosis in a communicable form and free from signs and symptoms of any other communicable disease. Rule 59A-16.102(1)(a)1., F.A.C.
- Communicable disease exclusion. A participant diagnosed with a communicable disease is excluded from participation until deemed non-infectious. A participant with HIV infection may be admitted if otherwise eligible.
- Scope of service. No participant is admitted or retained who requires services beyond those the Center is licensed to provide. Rule 59A-16.102(1)(a)2., F.A.C.
- Self-administration of medication. The Center does not employ staff licensed to administer medication. A participant who requires medication during Center hours and is not capable of self-administration cannot be admitted or retained. Rule 59A-16.102(1)(a)3., F.A.C.
- Physician or hospital discharge statement no older than 45 days listing prescribed medications and dosages, updated as the physician makes changes — or, until that statement is received, a dated and signed statement from the participant, guardian, or responsible person that the specified medication may be given as ordered. Rule 59A-16.107(2)(g), F.A.C.

Participant file & recordkeeping

A Participant Data Sheet is completed within 45 days before, or 24 hours after, admission and includes full name, birth date and address; date admitted and services to be provided; next of kin; guardian or responsible person; Medicare, Medicaid and other health insurance numbers; emergency contact; attending physician; medications and dosages; physical and emotional conditions requiring care; diet and mobility restrictions; and the tuberculosis-free statement. The file is updated on any significant change and at least quarterly, and records are kept complete, accurate, and available to the Agency for two years. Rule 59A-16.107, F.A.C.

Regulatory identifiers

Public business name	Boca Raton Adult Daycare
Physical location	2120 N. Dixie Highway, Boca Raton, FL 33431
Governing law	Part III, ch. 429, F.S.; rule chapter 59A-16, F.A.C.
Program A — Adult Day Care	Florida licensure for the adult day care center is pending initial licensure with the Agency for Health Care Administration (AHCA). Program A is operated as a social adult day care model. The Center's license, once issued, is displayed in a conspicuous place as required by s. 429.907, F.S. No participant is served under this packet before licensure is issued.
Program A — Medicaid	Application in process. No Medicaid provider agreement is in effect; Medicaid is not billed for Program A at this time.

Identifiers are program-specific. No other service line's registration or license number applies to Program A or is presented as a license for the adult day care center. AHCA licenses and surveys adult day care centers; it does not review, endorse, or approve a provider's enrollment forms. This packet is written to conform to part III of ch. 429, F.S. and rule chapter 59A-16, F.A.C.

Compliance & safety commitments

- Level 2 background screening of staff under ch. 435 and s. 408.809, F.S., before participant contact.
- Annual staff statements of freedom from tuberculosis in a communicable form, signed no less than 45 days prior to beginning work. Rule 59A-16.102(5)(b)7., F.A.C.
- Written individualized participant care plan for each participant, reviewed and approved by the operator, updated on significant change and at least quarterly.
- Daily attendance records, average daily attendance, transportation travel-time records, incident reporting, and emergency contact verification.
- Written Comprehensive Emergency Management Plan, reviewed with each family at admission, including evacuation, sheltering, and family notification.
- Registration of participants who need evacuation assistance with the local emergency management agency's special-needs registry.
- Posted business hours, posted monthly activity schedule, and a posted statement of participant care policies and procedures.
- Meals and snacks meeting the Dietary Guidelines for Americans standards in rule 59A-16.105(2), F.A.C., with reviewed menus kept on file for one year.
- Liability insurance maintained in force at all times, with documentation filed with AHCA. Rule 59A-16.108(4), F.A.C.
- Infection-control practices, including the monthly Health, Safety & Deep Sanitization closure day.

- Mandatory reporting of suspected abuse, neglect, or exploitation to the Florida Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873), per ss. 415.1034 and 429.34, F.S.

Non-discrimination

Boca Raton Adult Daycare does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, age, disability, marital status, or veteran status in admission, service delivery, or employment.

Complaints & grievances

Concerns should first be raised with center administration at 561-299-0417 or PFAdultDayCareCenter@gmail.com; we respond in writing within 5 business days. Families may also contact the Florida Agency for Health Care Administration Consumer Complaint line at 1-888-419-3456, or the Florida Long-Term Care Ombudsman Program at 1-888-831-0404.

Section 6 · Participant rights, responsibilities & privacy

Participant rights

Rights required by rule 59A-16.103, F.A.C. and part III of ch. 429, F.S. Each participant or responsible party receives these in writing at or before admission and acknowledges receipt in Section 9.

- To be treated with consideration, respect, and full recognition of dignity and individuality, free from abuse, neglect, and exploitation as defined in s. 415.102, F.S., and free from chemical and physical restraints.
- To receive a written statement or summary of the Center's participant care policies and procedures, and an explanation of the participant's responsibility to follow them and to respect the rights and property of other participants.
- To receive, in writing at or before admission and during enrollment, a statement of the services available and all related charges — including services not covered by a third-party payer or the basic rate — and the Center's payment, fee, deposit, and refund policy (Sections 3 and 4).
- To be promptly informed of substantive changes in policies, procedures, services, and rates.
- To be informed in writing, during admission, of the Center's Comprehensive Emergency Management Plan, and of the local emergency management agency's registry for persons needing assistance during evacuation or sheltering.
- To retain the services of a personal physician at the participant's own expense or under a health care plan, and to participate in planning their own care.
- To privacy in the treatment of personal and medical records, and confidential handling of personal and health information.
- To voice concerns or grievances without retaliation, and to contact AHCA or the Long-Term Care Ombudsman directly.
- To be informed of the Center's non-medical scope of service before enrollment.

Participant & family responsibilities

- Provide accurate health, medication, allergy, and emergency contact information and update it promptly when it changes.
- Arrive and be picked up within program hours; notify the Center of absences.
- Keep the account current and maintain a valid payment method on file.

- Send required personal supplies (for example incontinence supplies) as identified at assessment.
- Treat staff and other participants respectfully.

Privacy of health information

Health, clinical, and payment information is collected only as needed to provide and bill for services, kept in secured records with role-based staff access, and disclosed only with written authorization or where required or permitted by law (for example emergency care or mandatory reporting). Families may request access to and correction of participant records in writing.

Photography & media

Participation in photographs or video used for Center communications is optional and requires the separate written consent in Section 9. Consent may be withdrawn at any time in writing.

Section 7 · Required documents checklist

Bring or upload the following. Items marked required must be received before the first service day.

Items marked Required — rule are mandated by rule chapter 59A-16, F.A.C. and cannot be waived.

Document	Status
Physician / health provider statement, signed within 45 days before admission, certifying the participant is free from tuberculosis in a communicable form and free from signs and symptoms of any other communicable disease [59A-16.102(1)(a)1.]	Required — rule
Physician or hospital discharge statement no older than 45 days listing prescribed medications and dosages — or an interim dated, signed statement from the participant, guardian, or responsible person authorizing the listed medications as ordered [59A-16.107(2)(g)]	Required — rule
Written confirmation that the participant can self-administer any medication needed during Center hours [59A-16.102(1)(a)3.]	Required — rule
Diet and mobility restrictions, allergies, and physical / emotional conditions requiring care [59A-16.107(2)(g)]	Required — rule
Next of kin, guardian or responsible person, and emergency contact with address and phone [59A-16.107(2)(c),(d),(f)]	Required — rule
Medicare, Medicaid, and other health insurance identification numbers [59A-16.107(2)(e)]	Required — rule
Signed acknowledgment of participant care policies, services and charges, participant rights, and the Comprehensive Emergency Management Plan (Section 9) [59A-16.103(3)]	Required — rule
Government-issued photo ID for the participant	Required
Government-issued photo ID for the responsible party / caregiver	Required

Completed New Participant Application (Sections 8–9 of this packet)	Required
Signed Adult Day Care Services Agreement	Required
Signed Payment Authorization form	Required
Authorized pickup list	Required
Primary physician and pharmacy contact information	Required
Insurance or payer card (if a third-party payer applies)	If applicable
Long-term care insurance policy details	If applicable
Power of attorney, guardianship, or health care surrogate documents	If applicable
Special-needs registry assistance requested (evacuation / shelter)	If applicable
Transportation request and pickup address confirmation	If requested
Veteran / first responder / educator verification for discount	If claimed

Section 8 · Application form

Please print clearly in blue or black ink. Do not write full Social Security numbers or payment card numbers on this form.

8.1 Participant

PARTICIPANT FULL NAME

PREFERRED NAME

DATE OF BIRTH

SSN (LAST 4 ONLY)

GENDER

MARITAL STATUS

LIVING CONDITION

PREFERRED LANGUAGE

HOME ADDRESS (STREET, CITY, STATE, ZIP)

PARTICIPANT PHONE

EMAIL

8.2 Caregiver / responsible party & next of kin

NAME

RELATIONSHIP TO PARTICIPANT

PHONE

EMAIL

ADDRESS (IF DIFFERENT)

FINANCIALLY RESPONSIBLE? (YES / NO)

NEXT OF KIN — NAME

ADDRESS

PHONE

8.3 Emergency contacts & authorized pickup

CONTACT 1 — NAME	RELATIONSHIP	PHONE
CONTACT 2 — NAME	RELATIONSHIP	PHONE
AUTHORIZED PICKUP (NAMES & PHONES)		

8.4 Program & schedule requested

PROGRAM REQUESTED

REQUESTED START DATE

DAYS PER WEEK (3-DAY MINIMUM)

DAYS REQUESTED (CIRCLE): M T W TH F

FULL DAY OR HALF DAY

TRANSPORTATION NEEDED? (YES / NO)

PICKUP ADDRESS (IF DIFFERENT)

MEMORY SUPPORT NEEDED? (YES / NO)

VETERAN / FIRST RESPONDER / EDUCATOR?

8.5 Clinical information

MEDICAL CONDITIONS / DIAGNOSES

ALLERGIES

MOBILITY STATUS (INDEPENDENT / WALKER / WHEELCHAIR)

DIETARY RESTRICTIONS

CURRENT MEDICATIONS (ATTACH LIST WITH DOSE & SCHEDULE)

COGNITIVE / MEMORY CONCERNS

BEHAVIORAL CONCERNS (WANDERING, AGITATION)

TOILETING ASSISTANCE NEEDED?

TRANSFER ASSISTANCE NEEDED?

PRIMARY PHYSICIAN

PHYSICIAN PHONE

PHARMACY / PHONE

RECENT HOSPITALIZATION (DATE & REASON)

HOME HEALTH OR HOSPICE INVOLVED?

8.5a Required health statements (rule 59A-16, F.A.C.)

TB / COMMUNICABLE DISEASE STATEMENT — PROVIDER NAME

DATE SIGNED (MUST BE WITHIN 45 DAYS BEFORE ADMISSION)

PHYSICIAN OR HOSPITAL DISCHARGE STATEMENT DATE (NO OLDER THAN 45 DAYS)

MEDICATION LIST ATTACHED? (YES / NO)

CAN THE PARTICIPANT SELF-ADMINISTER ALL MEDICATIONS NEEDED DURING CENTER HOURS? (YES / NO)

IF NO — PARTICIPANT CANNOT BE ADMITTED (INITIAL): _____

DIET RESTRICTIONS ORDERED

MOBILITY RESTRICTIONS ORDERED

8.6 Payer & billing

PAYMENT METHOD (PRIVATE PAY / LTC INSURANCE / OTHER)

BILLING CONTACT NAME

MEDICARE NUMBER

MEDICAID NUMBER

OTHER HEALTH INSURANCE NUMBER

INSURANCE COMPANY	MEMBER ID	GROUP NUMBER
POLICY NUMBER	BILLING EMAIL	BILLING PHONE

8.7 Legal representation

POWER OF ATTORNEY (NAME & PHONE)	GUARDIAN (NAME & PHONE)
HEALTH CARE SURROGATE (NAME & PHONE)	DOCUMENTS ATTACHED? (YES / NO)

Section 9 · Authorizations, consents & signatures

9.1 Acknowledgements — initial each line

Initials	Statement
	I have read the program summary, hours, and the monthly closure on the last Thursday of every month.
	I understand Program A requires a minimum of 3 days per week.
	I understand the rates and fees in Section 3, including the $75 one-time registration fee and the $250 behavioral deposit when required by assessment.
	I understand that all charges are non-refundable; that cancelling 48 or more hours in advance produces an account credit only (no refund); and that cancelling with less than 48 hours' notice, or a no-show, forfeits the day with no refund and no credit.
	I understand late-pickup, late-payment, returned-payment, and card-processing fees apply as described.
	I understand Boca Raton Adult Daycare is a social adult day care center and does not provide skilled nursing, therapy, medication administration, or medical treatment.
	I understand transportation is optional, billed only when selected, and available only within the Center's designated service area subject to route approval.
	I received a written statement of the Center's participant care policies and procedures, and an explanation of my responsibility to follow them and to respect the rights and property of other participants. [59A-16.103(3)(a)]
	I received a written statement of services available and all related charges, including charges not covered by a third-party payer or the basic rate, and the Center's payment, fee, deposit, and refund policy. [59A-16.103(3)(b)]

	I received a written statement of participant rights and was informed the participant is free from abuse, neglect, exploitation, and from chemical and physical restraints, and may retain a personal physician at their own expense. [59A-16.103(3)(f),(g)]
	I was informed in writing of the Center's Comprehensive Emergency Management Plan and of the local emergency management agency's special-needs registry for persons who need assistance during evacuation or in a shelter. [59A-16.103(3)(d),(e)]
	Health statements. I will provide a provider-signed statement, dated within 45 days before admission, that the participant is free from tuberculosis in a communicable form and from other communicable disease, and a physician or hospital discharge statement no older than 45 days listing medications and dosages. I understand admission cannot occur without them. [59A-16.102(1)(a)1.; 59A-16.107(2)(g)]
	Self-administration of medication. I understand the Center has no staff licensed to administer medication and that a participant who needs medication during Center hours and cannot self-administer may not be admitted or retained. [59A-16.102(1)(a)3.]
	I understand the participant will not be admitted or retained if their needs exceed the services the Center is licensed to provide, and that a participant with a communicable disease is excluded until deemed non-infectious. [59A-16.102(1)(a)2.]
	I understand the participant file is updated on any significant change and at least quarterly, and I will report changes in health, medication, diet, mobility, or contacts promptly. [59A-16.107(2)(h)]
	I certify the information provided in this application is true and complete to the best of my knowledge, and I will notify the Center promptly of any change.

9.2 Optional consents

☐ Photography & media. I consent to photographs/video of the participant for Center communications. (Optional — may be withdrawn in writing.)

☐ Transportation. I request Center transportation and authorize pickup and drop-off at the address provided, subject to route approval.

☐ Information sharing. I authorize the Center to exchange information with the physician, pharmacy, and payer listed in Section 8 for care and billing.

☐ Email & text updates. I consent to receive program, billing, and scheduling messages by email and text. Message rates may apply; reply STOP to opt out.

9.3 Signatures

Participant or legal representative

SIGNATURE _____ PRINTED NAME _____ DATE _____

Responsible party (financially responsible, if different)

SIGNATURE	PRINTED NAME	DATE

Center representative

SIGNATURE	PRINTED NAME & TITLE	DATE

Center use only — Participant Data Sheet completion (59A-16.107(2), F.A.C.)

DATE RECEIVED	RECEIVED BY	ASSESSMENT DATE
SUPPORT LEVEL ASSIGNED	TRANSPORTATION LEVEL	REGISTRATION FEE PAID (DATE)
BEHAVIORAL DEPOSIT REQUIRED? (YES / NO)	AGREEMENT SIGNED (DATE)	START DATE
DATE ADMITTED	SERVICES TO BE PROVIDED	PARTICIPANT DATA SHEET COMPLETED (DATE)
TB / COMMUNICABLE DISEASE STATEMENT ON FILE (DATE)	PHYSICIAN / DISCHARGE MEDICATION STATEMENT ON FILE (DATE)	NEXT QUARTERLY FILE REVIEW DUE

This packet is a summary for families. The signed Adult Day Care Services Agreement, Payment Authorization, and Center Policies govern in any conflict. Rates and policies are current as of Rev. 2026-08 and may change with written notice. Prepared to conform to part III of chapter 429, Florida Statutes, and rule chapter 59A-16, Florida Administrative Code. AHCA licenses and surveys adult day care centers and does not approve or endorse provider enrollment forms.