

ADULT DAY SERVICES OUTCOMES PROJECT

Howard Degenholtz, Ph. D.
Judith Wohnsiedler, MHA
University of Pittsburgh
Center for Bioethics and Health Law
(412) 647-5700
Fax (412) 647-5877

Center Name: _____
(Please Print)

INTRODUCTION :

I d like to tell you briefly about a project our agency is currently participating in. We are working with the University of Pittsburgh to develop outcome measures for Adult Day Services Programs. Outcome measures are a way for us to learn how well we are serving our clients. This will help us evaluate how well the program is meeting agency goals.

If you are interested, I will provide your name to the staff at the University of Pittsburgh and they will call you and tell you more about the project. Without going into too much detail, they will call you twice at timed intervals, one right away and one later in approximately 6 months.

Would it be OK if they called you to talk about this project?

_____ No
_____ Yes Signature: _____ Date: _____

Client Name: _____
[] New Client Start Date: _____
[] Current Client Care Plan Review Date _____

Your Name: _____
Address: _____

Telephone Number: Daytime: _____ Nighttime: _____

Best time to call: Day(s) of the week: _____
Time: _____

PLEASE FAX COMPLETED FORM TO (412) 647-5877

**CONSENT FORM
FAMILY INTAKE ASSESSMENT**

Instructions

Please review the form with the family members. Please make it clear to them that their participation in the Outcomes Project in no way affects their participation in the Adult Day Care Program. Participation is strictly voluntary.

The information that will be asked will be held confidential and all information released will be done as a group not individually.

Please check the appropriate box indicating their willingness to participate or not. If they have agreed to participate please have them sign the form and fill out the other information. Be sure that the telephone number is written clearly.

When the form is completed please fax immediately to the University of Pittsburgh at the number listed on the form (412) 647-5877.