

Visitors of Clients in DD Residential Programs - Effective July 26, 2020
Visitor Agreement
To Be Completed Prior to Each Visit

I, _____, am visiting with _____ at _____
(Visitor Name) (Client/Resident Name) (Program Name)

(Program Address)

At this time, both indoor and outdoor visits are permitted under certain circumstances. Indoor visits shall only occur in circumstances where there have been no residents or staff of the home who have tested positive for COVID-19 in the last 28 consecutive days or are currently displaying symptoms. When this standard is not met, outdoor visits will be provided contingent on weather and other conditions.

I have requested to visit with the aforementioned resident and hereby agree to comply with the following:

1. Visitors to DD Residential Programs must preschedule their visit with the Manager of the specific program. Due to client schedules and the structure of daily living at the programs, time of day, length of visits, and space visit will occur will be determined at the discretion of the Program Manager.

I have scheduled a visit for this date: _____

2. A maximum of two visitors are permitted at any one time. Each visitor must complete one form.
3. All visitors will be required to provide their own face covering and wear it for the duration of their visit to the program. All visitors must maintain social distancing (at least 6 feet apart) throughout the visit.
4. Visitors must participate in COVID-19 prescreening. All visitors will be required to utilize hand sanitizer upon entering the home. All visitors will be required to fill out a screening tool and take their temperature (after sanitizing their hands) upon arrival at the residential program. The screening should take place in an area of the home closest to the entrance. If screened and permitted to enter, visitors shall limit movement in the residence to the identified space, limiting surfaces touched, and utilizing PPE.
5. Physical contact between resident and visitor(s) is not permitted (hugging, hand holding etc.) If the client does initiate physical contact with someone they do not reside with, the interaction should be as brief as possible.
6. If a visitor violates any of the guidelines outlined above (i.e. shows up to the program without a face covering, does not practice social distancing, does not adhere to time frame agreed upon), the residential staff will ask the visitor to leave the program and will report the situation to their supervisor.
7. Alternatives reserves the right to revoke visits to clients at any time, in particular if the public health situation should change or if a particular program needs to go into quarantine due to COVID 19. In addition, the person(s) planning to visit must not have tested positive or been symptomatic for COVID-19 within the last 14 days, or to the best of their knowledge been in contact with someone within the last 14 days with someone who recently tested positive for COVID-19.
8. When the visit ends, the visitor will inform Agency staff and exit the residence.
9. Following the conclusion of any visit, the provider shall clean and disinfect all areas and surfaces that visitors were in contact with following CDC guidelines.
10. Visitors are advised to monitor for signs and symptoms of COVID-19 for at least 14 days after the visit. If symptoms occur, the visitor should immediately notify the home of the date they visited. The home should immediately screen any resident who had contact with the visitor and take all necessary action following the result.
11. If a family member/Guardian is offered by Alternatives VP of Services/Associate VP of Services, to take their family member home, due to critical medical or behavioral reasons, the client will not be allowed to return to the Alternatives residence until the client has been seen by a medical provider, received a COVID19 test and the results are negative.
12. If a family member/guardian takes a client out of the residence for any other reason, the client will need to stay with the family member/guardian until the client has received a COVID19 test and the results are negative.
13. All visitors must sign an acknowledgement of the above guidelines and submit to the Program Manager prior to each scheduled visit to the residential program.

By signing below, I agree to comply with the terms above. I also acknowledge the risk of COVID-19 exposure during my visit. I agree to notify the residence if I, or someone I have been in close contact with (within 6 feet for 10 minutes or more), tests positive for or exhibits symptoms of COVID-19 within 14 days of my visit.

Visitor Printed Name: _____

Visitor Signature: _____

Telephone Number: _____

Date: _____