

**Overnight Visits for Clients in DD Residential Programs - Effective September 1, 2020**  
**\*To Be Completed Prior to Each Overnight Visit\***

I, \_\_\_\_\_, am taking \_\_\_\_\_ away  
(Name) (Client Name)  
from the program from \_\_\_\_\_ to \_\_\_\_\_ for an overnight visit.  
(Date Leaving) (Date Returning)

**All overnight visits must be pre-arranged with the Program Manager and approved by the Program Manager and Director of Services.**

**During this time, I attest to the following:**

1. During the visit, I will ensure the client shall not visit any of the states identified by the NJ Department of Health as having a significant COVID-19 spread.
2. During outings in the community, the client shall be encouraged to wear a mask and maintain appropriate social distancing.
3. Prior to returning to the residential program, the client will take a COVID test. From the time of the test until a negative result is received, the client shall remain quarantined at the location of the overnight visit. This includes both remaining at the location of the visit and limiting contact to only those present during the visit.  
*Example: A client goes to his parent's home for the weekend and spends time with his parents and sister. On Saturday, he gets a COVID test. After returning from the test, he must remain at the home and only have contact with his parents and sister, without additional guests coming to the home. After a negative result is received, he can return directly to the residential program.*
4. Upon return to the residential program, the negative result shall be provided to the Program Manager.

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 this overnight visit period.

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

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

Telephone Number: \_\_\_\_\_

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