

Client: _____

Date of visit: _____

To provide sound judgements on when visits will be safe for everyone involved, the following questions and guidelines must be discussed. Each visit must be planned with the supervisor and/or program coordinator ensuring that for each of these items, the risks are reasonable, and precautions will be in place. The visitor(s) representative will sign this form to acknowledge they will follow the identified guidance. Before any visits can occur, the Program Officer must review this form and approve.

Things to consider about client	Comments
<ul style="list-style-type: none"> Are they currently showing any COVID 19 symptoms? (fever, chills, cough, shortness of breath, aches, loss of taste/smell, congestion, diarrhea, nausea/vomiting) 	
<ul style="list-style-type: none"> Do we know if they have recently been exposed to someone with COVID 19? 	
<ul style="list-style-type: none"> Will they wear a face mask as expected during the visit out? 	
<ul style="list-style-type: none"> Will they follow safe social distancing expectations with visitors or on a visit? 	
<ul style="list-style-type: none"> Does this individual have housemates with underlying health concerns that would put them at greater risk? If so, is a visit away from the group home prudent and safe for the housemates? 	
Things to consider about family visit environment	
<ul style="list-style-type: none"> The visit away needs to take place outside when possible. We discourage any visits to restaurants, stores, malls any large gatherings of 6 or more. Provide details on where visit will occur... 	
<ul style="list-style-type: none"> Visits to the client's home will be outside only and for one hour unless previously arranged. This will allow others to have visitors. 	
<ul style="list-style-type: none"> How will transportation be provided for the away visit? How many will be in the vehicle at one time? Will you clean the vehicle prior to client ride (guidelines attached)? 	
<ul style="list-style-type: none"> Identify everyone who will be present during the visit. Will everyone confirm they will wear a mask and social distance during the visit? 	
<ul style="list-style-type: none"> Is the visit going to be at family home or another home? Has this place been disinfected before the visit? 	

What we must know about the people the client will be exposed to during the visit	
<ul style="list-style-type: none"> Everyone the client will be exposed to during the visit must provide information on any possible exposures and/or symptoms they have experienced of COVID (SEE symptom list above) 	
<ul style="list-style-type: none"> Will the family agree to a clear set timeframe for the visit? Confirm that they will only go to the places identified? 	

As the family/friend/visitor I understand that by signing this form I am promising to adhere to safe COVID safety practices, social distancing, and all the guidelines noted above. I have read and will implement the car cleaning guidance. I will inform Choices In Community Living Manager/Director of any problems or if unexpected variance from these guidelines occur.

Signed by (visitors/family): _____

Date _____

Home Supervisor: _____

Program Coordinator: _____

WHEN THE CLIENT RETURNS FROM A VISIT OUTSIDE OF RESIDENCE- Choices In Community Living staff must have a conversation with the parent/family member and confirm that to their knowledge, during the visit, neither they or the client have been exposed to someone known or suspected of COVID and they do not have any COVID symptoms (see list above).

The client will wash their hands and have their temperature taken upon arrival.

Client temperature: _____

Staff Signature _____ Date: _____