

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.

Things to consider about client and housemates or others in program	Comments
<ul style="list-style-type: none"> Has the person been vaccinated? Have housemates been vaccinated? 	
<ul style="list-style-type: none"> Are they currently showing any COVID 19 symptoms? 	
<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 and practice COVID safety protocols? 	
<ul style="list-style-type: none"> Will they follow COVID guide for social distancing when out? 	
<ul style="list-style-type: none"> Does the person need intimate assistance with ADLs personal care? 	
<ul style="list-style-type: none"> Does this individual or housemates/others in program have underlying health concerns that would put them at greater risk? 	
Things to consider about visit/ADS environment	
<ul style="list-style-type: none"> We discourage activities to restaurants, stores, malls any large gatherings of 10 or more. We prefer activities and visits to be outside. 	
<ul style="list-style-type: none"> We support only immediate family to visit at the home locations. 	
<ul style="list-style-type: none"> Do others at the ADS program or work environment practice safety protocols? 	
<ul style="list-style-type: none"> Have others been vaccinated at these locations? 	
<ul style="list-style-type: none"> Have the visitors been vaccinated? 	
<ul style="list-style-type: none"> Will the visit happen more than 24 hours from now? Will the visit present a conflict with a previously planned activity for home? 	
<ul style="list-style-type: none"> Visits at the group home should only be for one hour unless previously arranged for longer and should be limited to once weekly. 	
<ul style="list-style-type: none"> How will transportation be provided for the visit? How many will be in the vehicle at one time? Will vehicle be cleaned prior to each use by client? 	
<ul style="list-style-type: none"> Identify everyone who will be present during the visit. Will everyone conform to COVID safety protocols? Visitors to the homes should avoid common areas, especially kitchen and medication pass areas. 	
What we must know about the people the client will be exposed to during the visit/ADS program	
<ul style="list-style-type: none"> Has everyone the client will be exposed to during the visit been vaccinated? 	
<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 	

<ul style="list-style-type: none"> • Will the family agree to a clear set timeframe for the visit? 	
Benefits to the Person	
<ul style="list-style-type: none"> • Socialization is important to the person 	
<ul style="list-style-type: none"> • A sense of normalcy/routine is important to the person 	
<ul style="list-style-type: none"> • A lack of routine has known serious risks to known mental health conditions 	
<ul style="list-style-type: none"> • Daily activity outside the home is likely to reduce the frequency of behaviors 	
<ul style="list-style-type: none"> • Income is an important issue 	
<ul style="list-style-type: none"> • Parents/care giver employed elsewhere; supervision is needed 	
<ul style="list-style-type: none"> • Needs the medical support of ADS/VH (med admin, medical check -in) 	
<ul style="list-style-type: none"> • Benefits from structured environment, reduces risky behavior in community 	
<ul style="list-style-type: none"> • Other: 	

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 will inform Choices In Community Living Manger/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 COMMUNITY ACTIVITY/ VISIT OUTSIDE OF RESIDENCE- Choices In Community Living staff must have a conversation with the parent/family member/staff and confirm that to their knowledge, during the activity/visit, neither they or the client have been exposed to someone known or suspected of COVID and they do not have any COVID symptoms.

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

Client temperature: _____

Staff Signature _____ Date: _____