**Resident Handbook Receipt**

I have received a copy of the AFC HOME NAME Resident Handbook. I was able to review this handbook in a way that was understandable to me. I was able to have any questions answered and to receive an explanation for any questions. At the time I received this handbook, I was able to comprehend the contents and agree to abide by the policies within.

* I have full access to the laundry area. All chemicals will be locked for everyone’s safety.
* I will have access to sharps with the assistance of staff. All sharps are locked for everyone’s safety.
* I will have a lock for my bedroom and given a key for entry
* I have full access to a lockable bathroom at any time
* I have access to a communication device
* I can use the communication device in a private place
* I can choose to eat alone or with others
* I have access to food at any time
* I have access to the dining area at any time
* I have full access to the Kitchen at any time
* I can choose what clothes to wear, staff will assist if clothes are not weather appropriate
* The inside of the residence is free from cameras, visual monitors, or audio monitors
* I understand if I need help with personal care, this support will be in privacy
* I can decorate my bedroom however I want
* I can have visitors at any time and can meet with visitors in private
* I get to choose my roommate roommate(s).
* I can come and go from the home when I want unless restricted in my treatment plan
* I have full access to the bathroom at any time
* I have access to comfortable seating area at any time
* I can choose who delivers direct care worker supports
* I am aware how to make a complaint
* I can have my own bedroom if consistent with their resources
* I can change my services and supports if I wish
* I have been provided with information on how to request new housing
* If public transit is limited or unavailable, I have another way to access the community
* The home is physically accessible to residents, for example the home has grab bars, shower chairs, or wheelchair ramps if needed
* I agree not to bring anything into the environment that could be harmful to myself, other residents, staff, or visitors.
* **I understand this is an alcohol and drug free** home for all staff and residents. Therefore, any use of legal drugs and alcohol is requested to be consumed/used off site.
* I will have access to, and control over, my personal funds.
* I may speak with staff about personal issues in a private setting.

**Searching a Residents Bedroom**

Searches have to be authorized in the Resident’s Plan of Service or there is reasonable cause to believe that the Resident is in possession of contraband. Additionally, if the Resident is believed to be a danger to self or others, the clinician may have items in the room which could be used in pursuit of this harm to self or others seized and the room may be searched to assure that it is a safe place. The following conditions apply to all searches:

1. A search of the Resident’s living area or property shall occur in the presence of a witness. The Resident shall also be present unless he or she declines to be present.
2. The circumstances surrounding the search shall be entered into the Resident’s record, and shall include all the following:
	* 1. The reason for initiating the search.
		2. The names of the individuals performing and witnessing the search.
		3. The results of the search, including a description of the property

 seized.

**RESIDENT**

My signature indicates that I received the Resident Handbook and was able to ask any questions needed to understand the contents. I agree to abide by the policies in the Resident Handbook.

*Resident Signature Date*

*Guardian Signature Date*

*Witness Signature Date*