

YNHS Respite Care Resident Agreement



Yakima Neighborhood Health Services
 12 South 8th St, PO Box 2605
 Yakima WA 98907-2605
 Phone (509) 454-4143 Fax (509) 823-4416
 www.ynhs.org

Name: _____
 Entry Date: ____ - ____ - ____
 HMIS #: _____
 Exit Date: ____ - ____ - ____

Client Name _____ Unit # _____ Date _____

Everyone who participates in our program is responsible for promoting and maintaining a safe and respectful environment. Every client, staff member, visitor, and volunteer can expect to be treated respectfully and feel safe.

As a resident of the Respite program, I understand:

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 1. I am staying here on a short-term basis, to help with my health care recovery. I understand part of my recovery involves meeting daily with the YNHS health care team to develop a housing stability plan that will include health care goals for my recovery. I understand my space will be available for me 24 hours a day during my stay.
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 2. I understand my length of stay at Respite will be determined by my need for recuperation and health care oversight. The health care team will work with my primary care provider to determine the most appropriate time for me to leave the respite program.
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 3. YNHS will try and help me find a housing destination once I leave the respite program. I understand I might not have a housing solution when it is time for me to leave the respite program. ← Standard 6.7
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 4. I understand my respite unit can be given to another person if I fail to have daily contact with my case manager/ health care team or if my health care team believes I have abandoned my space.
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 5. I will go to my follow up appointments with my health care provider. If I need help getting there, I will tell the outreach team so they can help me make arrangements.
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 6. I will not bring alcohol, illegal drugs, or weapons into the apartments. I understand I cannot smoke in the apartments. If a friend comes to visit me, I am responsible for his or her behavior as well, and the rules that apply to me also apply to any visitors.
- S1
}
 7. I agree to be verbally and physically respectful with the YNHS staff. I will not use disrespectful language, make threats, or tell abusive jokes/comments. This includes sexual comments, sexual advances, teasing, insulting, or making fun of others. I will not strike, punch, slap, or intimidate anyone (even as a joke). I will not damage any property or equipment, or threaten to do so.
- S1
}
 8. I understand I cannot have overnight guests in the apartment.
- S1
}
 9. I understand that there are no pets allowed in the apartment.
- S1
}
 10. I accept my personal responsibility to promote and an atmosphere of safety and respect in the apartment. I will speak to a staff member if I feel that I am unable to keep the terms of this agreement.



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Patient Centered Medical Home Level 3

Respite Agreement #006

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Name:	_____
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Exit Date:	____ - ____ - ____

11. Residents are responsible for the actions of their guests. Your right to enjoy yourself does not include the right to disturb others:
- Quiet time starts at 7pm – with or without guests.
 - No parties allowed. Noise must be kept within reasonable limits.
 - Individuals who are known to be under the influence of substances are not allowed on the premises.
 - Unauthorized guests, leaving guests in the room, or lending your key to anyone could result in being asked to leave the Respite Shelter.
 - Fire extinguisher provided, must remain in room at entry and exit. Client initials _____
 - Smoke/carbon monoxide alarm must remain in working order and will be checked weekly by YNHS staff client initials _____
12. I understand I will be responsible for securing my unit, that I will be provided a key to lock up my personal belongings and I should not share my key, or provide a key to anyone.

I have read and I understand the above terms of this Resident Agreement, or I have had it read and explained to me. I have been given the opportunity to ask questions, and my questions have been answered. I understand that if I break the terms of this agreement,

I may be asked to leave Respite Shelter immediately and without written notice. My bed will only be held for 24hrs if I fail to have contact with my case manager.

Signature of Agreement _____ Date _____

Staff Witness _____ Date _____



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