

## Resident Agreement

I, \_\_\_\_\_ am interested in becoming a resident of the Abbie Hunt Bryce Home and, unless circumstances change, expect to spend the rest of my life there.

I understand: (1) the Abbie Hunt Bryce Home provides shelter and family-like care, including spiritual and physical comfort, for persons with terminal illness. And (2) the Abbie Hunt Bryce Home is dedicated to the support of the terminally ill who do not have an appropriate caregiver and lack the financial means to obtain such care.

I further understand that the Abbie Hunt Bryce Home is neither a hospice nor a nursing home and does not provide skilled medical or nursing service. If my condition requires skilled services that my hospice team cannot provide, I understand that I may be transferred to an appropriate facility for such services.

I promise to follow the AHBH rules including those that pertain to illegal substances and restrictions on bringing weapons into the Home. [The AHB Home reserves the right to search any resident's room and possessions.] If my behavior or that of any guests/visitors creates an unsafe condition, the proper law enforcement authorities will be called.

If, after six months of living at the Abbie Hunt Bryce Home, I am no longer eligible for Hospice (my condition has stabilized and an evaluation reveals I appear to be in remission), my Hospice social worker will assist me in making alternate living arrangements. At any time after leaving the Abbie Hunt Bryce Home, if my condition becomes terminal again, my request for readmission will be given priority.

As death appears to be approaching in the natural course of my illness, I prefer that no extraordinary restorative measures be taken on my behalf.

The Abbie Hunt Bryce Home's concern is for the safety and welfare of all its residents and staff. If at any time my behavior places other residents in jeopardy, it will be necessary to make other arrangements for my care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

If applicant is unable to sign:

\_\_\_\_\_  
Signature and Relationship of responsible party

\_\_\_\_\_  
Date