



COVID-19 personal gatherings family/friend agreement

Person Served's Name: _____

Family/Friend Name: _____

Visit Beginning Date: _____

Visit End Date: _____

By entering and signing this agreement with you, NACL acknowledges that a Risk Assessment has been completed in consideration of the above-named person served visiting your home and has approved the visit based on that assessment.

By entering and signing this agreement, you agree to adhere to the following guidelines for the visit:

- You will cancel the visit if you or anyone in your household becomes symptomatic of illness and/or becomes ill prior to the visit start date;
- You will observe the guidelines of the Provincial Health Office (PHO) during your visit;
- You will report any instances of the person served, you, or anyone in your immediate household becoming symptomatic of illness/ill to the Program Manager of the staffed residential program and to 8-1-1;
- You are willing to potentially support the person in your home for longer than the duration set in this agreement if they, you, or anyone in your immediate household becomes symptomatic/ill during the visit;
- In case of the bullet above, you will inform 8-1-1 and follow any health recommendations/directions while keeping NACL informed (which may include not returning the person served to the staffed residential program until a health representative indicates that the person served is not symptomatic/ill); and
- You acknowledge that NACL may cancel this agreement at any time, with or without cause to do so.

*NACL Representative
(Senior Program Manager,
Executive Director, or Designate)*

Signature

Date

Family/Friend Signature

Date