**Authorization for Release of Information**

Name of Resident:

I hereby request and authorize: **Network of the Spirit Ministries**, 1289 E Main St, Bradford, PA 16701

To disclose or obtain information from:

Name of Person or Agency Holding Information:

Address

The following type(s) of information from my records (and any specific portion thereof):

 History and Physical

 Alcohol and Drug Abuse Treatment Records

 Laboratory Reports

 Psychological Reports

 Other For the purpose of

All information I hereby authorize to be obtained by from this person or agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

 Ninety (90) days unless I specify an earlier expiration date here:

 One (1) year

 The period necessary to complete all transactions on account related to services provided to me.

**I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.**

Date Resident Signature

Witness Title Witness Signature

Use This Space Only if Resident Withdraws Consent

Signature of Witness/Title Signature of Resident

**Confidentiality Agreement**

The confidentiality of recovering persons living in a supportive living environment can be protected under Federal Law 42CFR, which protects residents from anyone outside of the program having knowledge of their participation in the program without the resident’s specific permission. No information regarding a resident of **NOS Sober Living** may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency.

2. A court order is issued to **NOS Sober Living** regarding information on the resident.

3. Medical personnel require the information in a medical emergency.

4. The resident threatens to harm him/herself or someone else.

Federal Law does not protect a resident if they commit a crime against anyone at **NOS Sober Living**. Also, Federal Law does not restrict sharing of information regarding reported child abuse/neglect to appropriate state and local authorities.

These laws apply not only to the staff, board members, and volunteers of **NOS Sober Living**, but to the residents as well.

**I, (resident name), agree to not reveal to anyone outside of the NOS Sober Living name, identity, or description of another resident. I also agree to not discuss the content of conversations or groups with anyone outside of NOS Sober Living. This includes sharing at 12 Step meetings.**

**I agree to inform staff if any of my peers reveal any information about themselves or another resident that may be a cause for concern.**

 Resident Signature Date

Staff Signature Date

**Staff Transport Release**

I, , (resident name), understand that due to lack of my own personal transportation, I may request transportation from time to time from staff of **NOS Sober Living**.

I hereby indemnify **Network of the Spirit Ministries (NOS)** and their staff from all damage or injury caused to me or others when I willingly accept transportation to or from any location or event, whether **NOS Sober Living** related or not.

Resident Signature Date

Staff Signature Date

**NOS Sober Living Rules**

“Don’t pick up, go to meetings’ is our theme – Our primary purpose is to stay clean and sober. We do this at all costs. The idea that we can use or drink successfully has to be smashed from our minds.

As a resident of NOS Sober Livingsober living house, I understand and agree to the following:

1. I will not possess any drugs, alcohol, or mood-altering substances. This includes ‘non-alcoholic’ beer or wine.
	1. Staff must be notified in writing of any prescription medications.
	2. Mouthwash or medications with alcohol are not allowed.
	3. Only over-the-counter medication that is on the “Safe List” may be used.
	4. Sharing of medications with other residents is not allowed.
2. I will agree to take random drug/alcohol tests when requested by staff. Refusal or failure to take the test immediately, or a positive test, will result in immediate dismissal from NOS Sober Living with a recommendation for a higher level of care.
	1. **Alcohol or drug use is grounds for immediate termination of the right to remain in NOS Sober Living program, at which time a recommendation for a higher level of care will be made.**
3. No drug-related paraphernalia of any kind is allowed. This includes hookahs, rolling papers, etc.
4. If transitioning from a treatment facility, I agree to follow all of their aftercare recommendations including but not limited to aftercare group meetings, therapy, etc.
5. **NOS** staff should be notified anytime there are concerns or questions about yourself, your roommates or the living environment. We are here to support you.
6. I agree that I will not participate in another community member’s disease by keeping secrets about chemical use, rule violations, or destructive behaviors. I further agree to notify staff if I suspect any of the above. I understand that failure to do so may result in my discharge.
7. I agree to attend and be on time for all Housemeetings and any group required by staff.
8. Cell phone use is prohibited during any group, meeting, or activity. **NOS staff** reserves the right to confiscate cell phones if they become detrimental to recovery progress.
9. I agree to attend a minimum of 4 meetings per week throughout my duration of stay at NOS Sober Living**. If I am not yet working full time, I agree to attend a minimum of 1 meeting per day until full time employment is secured.** I agree to comply with the documentation of such.
10. Residents are required to obtain a sponsor and a home group.
11. Residents will secure employment, attend school, participate in outpatient, perform community service or do a combination of these things for at least 30 hours/week.
	1. Recovery will be my #1 priority above all else (work, relationships, etc.).
	2. Residents are encouraged to seek employment during normal, daytime hours (9-5).
	3. Residents are expected to have employment or a full-time work schedule (minimum 30 hours) within 4 weeks of admission to **NOS Sober Living Program**.
12. I agree to abide by curfew: Sunday-Thursday 10:00 p.m. Friday and Saturday nights 1:00 a.m. NOTE: Staff should be contacted immediately if a resident is late.
13. **NOS Sober Living** has a strict gender restriction policy; residents are encouraged not to interact with the opposite gender until they have been in NOS Sober Living Program for a minimum of 90 days. It is highly encouraged to not seek relationships for the first 6 months of Sobriety. If at any time NOS staff feels that relationships are taking a priority over recovery, disciplinary action will be enforced.

14. If I am resident in a committed relationship prior to admittance at NOS Sober Living, I understand that contact or visits with spouse or significant others must be approved by Staff Counselors.

15. I understand that violence, or threats of violence, emotional or physical will not be tolerated and are grounds for immediate dismissal and possible legal action.

16. I will not bring weapons into the community - including stored in a vehicle.

17. **NOS** staff reserves the right to search private property at any time while I am a resident

18. Members of the opposite sex are not allowed in the house, unless they are relatives. I will clear any visitors to the residence with the house manager. Overnight guests outside of the NOS Sober Living community are not permitted.

19**.** I agree to let someone in my community and/or Staff know where I am always. Each residence has a dry erase board for residents to sign out/in and/or via telephone calls to staff.

20. I will, at all times, respect the other members of the house in regard to noise, eating, cleaning personal space, personal possessions and common living areas.

21. I understand that the house is a working environment and that I will be expected to assist in the daily activities required to allow the home to run smoothly. This means that I will be responsible for helping with the chores and housekeeping duties. I will be expected to do my fair share. A cleaning/chore schedule will be posted in the kitchen on a dry erase board.

22. I understand that my bedroom is to be clean and my bed made every day. Trash is to be taken out every day.

23. I understand that residences are subject to inspections, and that failure to maintain a clean-living environment may ultimately result in my dismissal.

24. No sleeping on the couches.

25. No storage space is availablebeyond what can fit in one’s bedroom.

26. I will be fully dressed in the common areas at all times.

27. **NOS Sober Living** is NOT responsible for losses or theft of private property, including: money, jewelry, clothing, etc. Stealing will result in immediate termination and possible legal action.

28. **NOS Sober Living** cannot be responsible for items remaining at the house after a resident has left the program for any reason. Every reasonable effort will be made to safeguard these items for a period of 48 hours, at which time they will be donated to the house or another charity. If a resident is discharged they will have **7 days** to plan for their belongings.

29. I agree not to lend money, cars, and/or jewelry to my peers. Sharing of personal computers must be approved by staff.

30. I understand that smoking is only allowed outside of the house. Residents who smoke must keep the smoking areas clean at all times.

31. No tobacco products may be used inside, including chewing tobacco, snuff, or electronic cigarettes.

32. Written pass requests must be submitted to Manager and be approved before a pass transpires.

33. I will do my best to avoid environments such as bars, lounges, etc.

34. I will not go into Adult Entertainment Establishments, which include but not limited to strip clubs, massage parlors, sex shops, etc.

35. I understand that pornographic materials are not allowed. This includes but is not limited to the Internet pornography sites, magazines, video materials, etc.

36. I understand that occult materials (to include Ouija boards, séances, tarot cards, etc.) are not allowed in the residences.

37. Use of the telephone for “sex” phone calls is forbidden.

38. Computers are allowed at NOS Sober Living. I understand that I must conduct my activities appropriately and that Staff can inspect my computer at any time.

39. No pets.

40. No halogen lamps, candles, or incense.

41. When I move out of NOS Sober Living, I will leave a clean space for the next person, i.e. vacuum, etc.

**Understanding and Agreement**

I have read and understand the guidelines and rules of NOS Sober Living**.** I agree to

abide by them. I was given the opportunity to ask questions about any area unclear to

me. I understand that this opportunity remains throughout my stay at the house.

 Resident Signature Date

Staff Signature Date

**12 Step Meeting Sheet**

Name:

Week of to

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Number of Meetings this Week:

Sponsor Contact:

**Weekly House Meeting Form**

Resident Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am currently feeling? (Use descriptive words)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. The peak of my week has been \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. The pit of my week has been \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 4. I have been to \_\_\_\_meetings this week. One thing I learned from a meeting this week was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. I have talked to my sponsor \_\_\_\_\_\_ Times this week and met with him face to face on \_\_\_\_\_\_\_\_\_\_\_\_\_We are currently on step \_\_\_\_\_\_\_.

6. In addition to 12 step meetings I have attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ support/aftercare on \_\_\_\_\_\_\_\_ I also met with my therapist/coach on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_7. My goal for this week is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8. I would like to request support with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I need to bring up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. The community issues that I need to talk about are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. I would like to give props to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident Overnight Leave Request**

Resident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates to be away \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Staying overnight at/with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Purpose for leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How I will be supporting my recovery while away. (Please be specific. Include descriptions of meetings, support people, sponsor and peer contact, accountability plan, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature Date Submitted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Review Date Approved Declined

Staff Commentary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                             \_\_\_\_\_\_\_\_\_\_\_\_

Staff signature                                                                                                        Date

**Chore Sheet**

 **Weekly Chores Resident Responsible**

 **Common Areas:**

 • Dust living/ dining room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Vacuum

• Clean out ashtrays

• Empty trash on porch

**Kitchen/ Laundry Room:**

• Clean countertops, sink & stove areas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Clean out microwave

• Wipe off washer & dryer

• Sweep/ mop kitchen, laundry, and foyer floors

**Bathrooms:**

• Clean bathtub/ shower, toilet & sink #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Windex mirrors

• Sweep/ mop floor #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Help keep your room and the house looking good!!!

• Take the garbage to the cans during the week and the cans to the curb early Monday morning.

• When your food is old or expires, please throw it away (we need all the room we can get in the fridge and freezer!!!)

**Critical Incident Form**

**Staff on Duty** Name/Title/position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident(s) involved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident**

Date

Time

Location

**Description of incident**

**Resident explanation**

 **Witnesses**

**Action to be taken**

Verbal warning Discharge Written warning Other

Explain

By signing this document, you acknowledge that you have read and understood the information contained herein.

Resident Signature/Date Staff Signature/Date

**NOS Sober Living Exit Form**

RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH OF PARTICIPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY / WEEKS / MONTHS

 DATE STARTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PARTICIPATION:** NONE LOW MODERATE HIGH

**REASON FOR TRANSITION:**

 TRANSITIONED AS PLANNED AGAINST STAFF ADVICE

 STANDARD/RULE VIOLATION EARLY TRANSITION

 INCARCERATION OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENT STATEMENT ABOUT STAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUGGESTIONS/SERVICE CONTINUITY OFFERED TO RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF EVALUATION OF RESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORWARDING PHYSICAL AND EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_