

Visitor Agreement

I, _____ am visiting with _____
Visitor Name Resident Name

At: _____
Program Name

Program Address

I understand that indoor visits shall only occur in circumstances when there have been no residents or staff of the home who have tested positive for COVID-19 in the last 14 consecutive days or are currently displaying symptoms. When this standard is not met, outdoor visits will be provided contingent on weather conditions. Detailed information is available at:

- www.nj.gov/humanservices/ddd/documents/covid19-residential-visitation-guidance.pdf; and
- www.nj.gov/humanservices/ddd/documents/covid19-residential-and-day-program-screening-policy.pdf

I have requested to visit with the aforementioned resident and hereby agree to comply with the following:

1. Visits must be prescheduled. I have scheduled a visit for this date: _____
2. Visitors must participate in COVID-19 pre-screening.
3. Generally, two visitors are permitted at any one time. Each visitor must execute this form.
4. The visit will be time-limited and take place at a space identified by the residence.
5. Visitors must limit their movement in the residence to the identified space.
6. Visitors must wear a face covering at all times while visiting.
7. All visitors must maintain social distancing of at least six feet throughout the visit.
8. When the visit ends, the visitor will inform Agency Staff and exit the residence.

By signing below, I agree to comply with the terms above. I also acknowledge the risk of COVID-19 exposure during my visit. I agree to notify the residence if I, or someone I have been in close contact with (15 or more cumulative minutes within 24 hours), tests positive for or exhibits symptoms of COVID-19 within 14 days of my visit.

Visitor Name Visitor Signature Date

Visitor Name Visitor Signature Date