

**-House Rules-**

**Mutual Respect**

Residents are expected to be considerate of other residents, personnel, and visitors at all times. Verbal abuse, physical abuse, sexual abuse/harassment or the threat of physical or sexual abuse toward other residents, personnel, or visitors will be just cause for discharge from Hickory Log.

**Talking Loudly**

Residents should not talk so loudly as to disturb other residents or visitors. Special consideration should be given during mealtime in the dining room when most residents are enjoying their meals. Pleasant conversation is an important part of the dining experience, but loud boisterous talking is annoying.

**Telephone Use**

Residents who do not have private telephones may use the Hickory Log telephone. Residents are requested to limit use of phone to no more than five minutes at one time. Resident phone calls should be made between the hours of 7:00PM – 9:00PM weekdays and between 9:00AM – 9:00PM on weekends and holidays. All long-distance calls are the responsibility of the resident and will be billed to them on a monthly basis.

**Possession of Cash**

Residents are encouraged to maintain only a minimum amount of cash in their possession. Money for the residents' use may be kept locked in the home's office for residents' individual purchases and community outings. Residents will be given a weekly spending allotment of no less than \$10 per week to spend as he chooses, unless waived in the Admissions Agreement.

**Weapons**

Residents are not permitted to keep any weapon designed to do bodily harm in their possession or in their rooms.

**Fire and Safety Drills**

Fire and safety drills will be conducted periodically. Residents are required to participate in these drills and to follow the instructions of the person in charge.

**Visiting Hours**

Visiting hours are from 8AM until 8PM. Questionable visitors and behaviors will be reported to the designated contact for the family member. In cases where the management feels the resident may be subject to solicitation, exploitation, and/or abuse the home reserves the right to censor such visits if a family member cannot be reached.

## **Rooms**

The management reserves the right to clean any room or area and to discard any items deemed to be unsanitary and to pose a potential health threat to the resident or other residents, staff or visitors.

## **Dress Code**

Residents are required to be fully dressed (including shoes) when out of their rooms. All residents are requested to be in street clothes when coming to common areas of the home.

## **Possession of Valuables and Use of Personal Property**

The home offers locked storage for any personal property or valuables the resident wishes to keep safe. All other personal property is to be kept in the resident's room and will remain the responsibility of the resident. Management must approve all items brought to the home.

## **Activity Programs**

Religious, social and various activity programs are conducted at the home. Residents, their families and friends are encouraged to participate in scheduled activities and to offer suggestions and volunteer in our activity planning and programs. A monthly calendar of events is posted on the bulletin board.

## **Leaving the Premises**

When the resident wishes to leave the premises, the person the resident is leaving with will be asked to fill in the required information on the sign-out form. Management should be notified in advance to make arrangements and to receive resident's medications, if needed.

## **Visitor Registry**

A register is provided in the foyer of the home and all visitors should register upon entering the building.

## **Smoking**

Smoking and the use of chewing tobacco and/or snuff is a privilege afforded to residents and will be permitted only in designated areas outside the building. Additional restrictions may be applied to individual residents as management deems necessary to safeguard the safety of the residents, personnel and visitors to the home. All smoking materials must be properly disposed of in the receptacle provided.

## **Use of Alcohol or Illegal Drugs**

Use or possession of alcoholic beverages and illegal drugs are not permitted in the building or on the grounds.

### **Audio/Video & Technology Use**

Televisions, stereos, radios, and video games in the residents' rooms should not be played loudly. All equipment shall be turned off in the residents' rooms by 10PM weekdays and 11PM on weekends. Should equipment be deemed too loud, either by staff or another resident, the resident will be asked to lower the volume. Failure to do so will result in restrictive use.

### **Pornographic Material**

Possession of pornographic material is not permitted in the home or on the grounds.

### **Possession of Food**

Family members or visitors should check with the Administrator before bringing food to a resident to ensure the food does not conflict with the resident's diet plan or another resident's food allergies. Food brought to the home should not require refrigeration unless the individual resident has a mini fridge in their room and should be in a container labeled with the resident's name. All food and drink items must be consumed in the dining room.

### **Pharmacy of Choice**

The resident may choose their preferred pharmacy given that the pharmacy complies with community packaging requirements and the resident's family will deliver medication to the home on the last day of the month prior to needed use. The home has a preferred pharmacy that provides community packaging.

### **Possession of Medications**

Residents are not permitted to keep any medications in their rooms or on their person without written consent from physician and home's approval. This includes over the counter medications such as cold medication, cough syrup, antacid, aspirin, Tylenol, eye drops, vitamins, etc. Nitroglycerin is allowed with physician's order.

### **Medication Assistance**

Residents will be assisted with their medications by trained staff only as ordered by the physician.

### **Sleeping**

Normal sleeping hours are 10PM – 6AM weekdays; and 11PM – 7AM weekends. Lights in residents' rooms should be off during these times to not interfere with roommates or other residents.

Residents should sleep only in their room and not the common areas of the home. Residents are not permitted to fully recline on the living room sofas.

### **Flu Inoculation**

Due to the highly contagious nature of flu, all residents are encouraged to take an annual flu inoculation.

I have read and understand the house rules as written. I understand if I need to see these rules a copy is posted in the home for viewing. I understand if I have any questions, I can ask any staff.

Resident: \_\_\_\_\_

Date: \_\_\_\_\_

**HICKORY LOG VOCATIONAL SCHOOL**  
**TRIAL VISIT AGREEMENT**

I understand that the purpose of this trial visit is to determine if I am a good candidate for the Hickory Log program. I understand that this determination will be based upon my ability to become compatible with the other residents and can successfully integrate into the Hickory Log programs, as well as work related programs, emotionally, physically, and behaviorally.

I agree to comply with all the rules and regulations of Hickory Log Vocational School for the duration of my trial visit. And, if for any reason I fail to comply with said rules and regulations I forfeit my right to remain at Hickory Log and thereby give Hickory Log the right to contact my Responsible Party.

It is also understood that at the end of my trial visit that no other reason other than incompatibility must be given for my return to my Responsible Party, and that my Responsible Party is to be in charge for my transfer out of Hickory Log.

The duration of my trial visit shall be for \_\_\_\_\_.

Renewable for a period of \_\_\_\_\_.

Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Resident \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Hickory Log Representative \_\_\_\_\_ Date \_\_\_\_\_

**INVENTORY OF PERSONAL ITEMS**

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

Personal items brought to the home (such as clothing, TV, furniture, wheelchair, technology items, jewelry, etc.)

- |           |           |           |
|-----------|-----------|-----------|
| 1) _____  | 2) _____  | 3) _____  |
| 4) _____  | 5) _____  | 6) _____  |
| 7) _____  | 8) _____  | 9) _____  |
| 10) _____ | 11) _____ | 12) _____ |
| 13) _____ | 14) _____ | 15) _____ |
| 16) _____ | 17) _____ | 18) _____ |
| 19) _____ | 20) _____ | 21) _____ |
| 22) _____ | 23) _____ | 24) _____ |
| 25) _____ | 26) _____ | 27) _____ |
| 28) _____ | 29) _____ | 30) _____ |
| 31) _____ | 32) _____ | 33) _____ |

_____ I choose to update this list of personal inventories any time after admission and understand that it is my responsibility to furnish any updated lists to the home.	
_____ I waive the option of updating the personal items inventory.	
_____ I have been advised that valuables should not be brought to the home or if they are, that they should be entrusted to the home for safekeeping.	
_____	Date _____
Resident or Legal Guardian	
_____	Date _____
Administrator	

## Resident's Family & Social History

All sections of this form should be filled out by the resident and/or family and returned to management prior to admission. This information is utilized by Hickory Log staff to meet specific resident needs and will not be released to anyone without resident/family consent.

Resident Name: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthplace \_\_\_\_\_

Religious Preference & Involvement (Name of Church, Pastor, and Possible Resident interest in Religion) \_\_\_\_\_

Ethnic Background \_\_\_\_\_ Language(s) Spoken \_\_\_\_\_

Can Resident Recognize a Dangerous Situation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can Resident Use a Telephone in case of Emergency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Prior Living Arrangement \_\_\_\_\_ Alone \_\_\_\_\_ With Family \_\_\_\_\_ Another Program

Previous Address: \_\_\_\_\_

Remarks: (i.e. opinion of previous living arrangement, names/relationships of those living with resident, household help/support, etc.) \_\_\_\_\_

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Diagnosis \_\_\_\_\_

Reason for Admission \_\_\_\_\_

Did Resident participate in decision for admission? (Please explain) \_\_\_\_\_

Please note and explain any changes in behavior prior to admission. If Resident has a History of Mental Health diagnosis as well, please give history and explain treatment. \_\_\_\_\_

Please provide information related to particular habits, needs or fears (i.e. tobacco, need for social contact, privacy, dislikes/likes) \_\_\_\_\_

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Does Resident have a Guardian? \_\_\_\_\_ Yes (need written documentation) \_\_\_\_\_ No

Guardian (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian Address: \_\_\_\_\_

Guardian Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there any person(s) with whom resident is not allowed contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Name: \_\_\_\_\_ Relationship (if any) \_\_\_\_\_

### **Marital and Family History**

Parents \_\_\_\_\_

Single Birth \_\_\_\_\_ Multiple Birth \_\_\_\_\_ Adopted \_\_\_\_\_

Marital Status (if ever married, name of spouse, date of widowhood, divorce, or separation)

\_\_\_\_\_

Remarks (length of marriage, previous marriages, problems or strengths of marital relationship)

\_\_\_\_\_

Names and location of children (if any are deceased, please indicated name and date of death)

\_\_\_\_\_

Name and locations of brothers/sisters (if parents are living, please include this information-  
indicate frequency of resident contact and closeness of relationships with brothers/sisters)

\_\_\_\_\_

\_\_\_\_\_

Provide information on current family relationship of resident (include family or friends to  
whom resident is especially close or particular relationships that may be concerns for resident or  
family) \_\_\_\_\_

\_\_\_\_\_

### **Individual History**

Education \_\_\_\_\_

Previous Occupations or current of Resident \_\_\_\_\_

Training Programs Previously Attended \_\_\_\_\_

\_\_\_\_\_

Military History (Date and Branch of Service) \_\_\_\_\_ Veteran # \_\_\_\_\_

Political Involvement (Registered Voter) \_\_\_\_\_

What type of events or activities does Resident enjoy? \_\_\_\_\_

\_\_\_\_\_

Does Resident enjoying socializing or tend to be more of a loner and prefer privacy more?

\_\_\_\_\_



Areas of Interest  
(check all that apply)

\_\_\_\_\_ Playing Cards: What games? \_\_\_\_\_

\_\_\_\_\_ Bowling

\_\_\_\_\_ Sightseeing

\_\_\_\_\_ Pets -What kind? \_\_\_\_\_

\_\_\_\_\_ Sports –What kind? \_\_\_\_\_

\_\_\_\_\_ Gardening: Vegetable, Flower, or Both (circle)

\_\_\_\_\_ Cooking/ Baking \_\_\_\_\_

\_\_\_\_\_ Reading: Favorite Reading Material \_\_\_\_\_

\_\_\_\_\_ Exercise: What type, i.e. walking, etc. \_\_\_\_\_

\_\_\_\_\_ Collecting \_\_\_\_\_

\_\_\_\_\_ Woodworking \_\_\_\_\_

\_\_\_\_\_ Needlework/Sewing \_\_\_\_\_

\_\_\_\_\_ Visiting (friends, neighbors, volunteer work) \_\_\_\_\_

\_\_\_\_\_ Board Games – What kind? \_\_\_\_\_

\_\_\_\_\_ Dancing

\_\_\_\_\_ Music- What types? \_\_\_\_\_

\_\_\_\_\_ Ability to play an instrument: If yes, what: \_\_\_\_\_

\_\_\_\_\_ Ability to sing: If yes, what type of songs? \_\_\_\_\_

\_\_\_\_\_ Art/Crafts- What kinds? \_\_\_\_\_

\_\_\_\_\_ Television- What shows? \_\_\_\_\_

\_\_\_\_\_ Bird Watching

\_\_\_\_\_ Outdoor Activities \_\_\_\_\_

\_\_\_\_\_ Indoor Activities \_\_\_\_\_

\_\_\_\_\_ Ability to use a computer/tablet/ cell phone? \_\_\_\_\_

\_\_\_\_\_ Other Areas of Interest or Hobbies \_\_\_\_\_

## RESIDENT FAMILY CONTACT INFORMATION

Resident Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

### FAMILY CONTACTS:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health Information

Any known illnesses \_\_\_\_\_

Seizures \_\_\_\_ Yes (last time known seizure and type) \_\_\_\_\_ \_\_\_\_ No

Any Known Allergies \_\_\_\_\_

Special Diet (Physician's Order Attached) \_\_\_\_\_

Uses: \_\_\_\_ Dentures \_\_\_\_ Hearing Aid \_\_\_\_ Eyeglasses \_\_\_\_ Contacts \_\_\_\_ Cane

\_\_\_\_ Wheelchair \_\_\_\_ Walker Other: \_\_\_\_\_

### List of Current Medications

Name	Reason	Dosage	Times

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ How long has Resident Seen this Physician \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist Physician: \_\_\_\_\_ Reason: \_\_\_\_\_

Other Agencies Providing Services:

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Pharmacy: \_\_\_\_\_

Life Insurance Policy: \_\_\_\_ Yes (copy of policy attached) \_\_\_\_ No

Funeral Home Preference: \_\_\_\_\_ Cemetery Preference: \_\_\_\_\_

Advance Directives Completed: \_\_\_\_ Yes