

Residential Care Facility Roommate Voluntary Agreement

I, _____, understand that my roommate is seriously ill and that hospice services are required in order for him/her to continue living here. I also understand that by signing this agreement, I am agreeing to allow Desert Cottages and my roommate's family members to visit as needed or desired.

The impact of providing these services in my living space has been explained to me and do not interfere with my rights as a resident in this facility.

I also understand that I can withdraw this agreement verbally or in writing at any time.

Signature of Patient/Roommate or Surrogate

Date

Signature of Licensee

Date

Signature of Hospice Representative

Date

Patient Name	MRN	Nurse's Signature	Date	Time In	Time Out