

Alternate Site Rights, Responsibilities & Community Living Standards

Welcome to the Alternate Site at 1105 West Myrtle Street. Homeward Alliance and the Health District of Northern Larimer County have partnered to provide this temporary space to help with infection protection and prevention during this stage of the COVID-19 pandemic, and help slow the spread of COVID-19.. This site is only for those who are experiencing homelessness and who do not have another housing option that can offer this level of separation.

Please read this whole document to understand what is expected of you during your temporary stay, or have a staff person or volunteer read the document to you, before signing.

As a condition to being admitted to and being allowed to remain anywhere within the temporary Alternate Site at 1105 West Myrtle Street or the common outdoor grounds that include this site and the Alternate Site at 605 S. Shields, I understand and agree to the following:

Your Understanding That Your Stay is Temporary

By signing this document, you indicate that you understand that your stay at the facility is temporary, and the length of your stay will be dependent upon your health status and needs, as well as changing public health needs in the community. Additionally, this facility is only available on a temporary basis and may be closed at any time. Upon leaving the site or upon closure of the site, you may return to a community shelter if available.

Guest Rights: You have the right to...

- Receive considerate, dignified, and respectful care and treatment by all staff and volunteers.
- Expect that staff will maintain your confidentiality under applicable law, and respect your anonymity. Any of your personal information will be held in the highest degree of confidentiality except as otherwise indicated by law. Please note that we have a duty to report child and elder abuse and situations where you or another person is in imminent harm.
- Receive quality services without discrimination based on race, color, ethnic or national origin, ancestry, age, sex, pregnancy, disability, genetic information, veteran status, gender, marital status, sexual orientation, gender identity or expression, religion (creed), or political beliefs.

Guest Responsibilities: You have the responsibility to...

- Treat other guests with dignity and respect, maintain their confidentiality, and not disclose or discuss with others any personal information that I may have learned about a guest. I will treat staff and volunteers with dignity and respect. Verbal abuse (including inappropriate swearing and hate speech towards others), physical abuse, threats or other forms of intimidation will not be tolerated.
- Listen to and follow staff and security's directions, rules, and decisions at all times within the facility and on the premises.
- Maintain a clean space by picking up after myself in my private area, bathrooms, in common areas of the living space, and the grounds.
- **Not** bring in or keep any weapons, tools or other items that may be used as a weapon (as determined by Alternate Site staff/security) on the premises or in the building. I understand this includes, but is not limited to: firearms, tasers, pepper spray and knives.
- Follow all social/physical distancing, mask-wearing, hand-washing, and other public health recommendations and Public Health Orders to help prevent the spread of disease.
- Report damaged property to staff/security immediately.
- **Not** use substances (alcohol, marijuana or other) to the point of intoxication, or to any level that does or could: impair my ability to adhere to staff/security directions OR create a safety risk to myself or others OR create a disturbance with others in the isolation site. I understand that this will not be allowed and that I will have to leave if I violate this responsibility.
- I have the responsibility for the safety of myself and others. If I complete acts of theft, physical, or verbal assault or other harmful behavior as deemed by staff and security, I will be asked to leave the premises immediately.

- Exit the facility and premise upon meeting recovery criteria (as outlined by Alternate Site staff). If, I elect to leave the facility prior to meeting recovery criteria, I understand and agree to the release of my name, diagnosis and current medical condition to homeless services providers. I am aware that other homeless services providers may deny me access or services based upon this information.

I acknowledge and agree that my failure to abide by any of these terms and conditions, at the sole determination and discretion of this Alternate Site director or their designee, will result in my immediate removal from the Alternate Site.

By being admitted to the Alternate Site, I do hereby and forever release, discharge, hold harmless, indemnify and agree to defend Health District of Northern Larimer County and respective board members, officers, employees, agents and volunteers from any and all claims, actions, expenses, liabilities, or damages of any nature whatsoever, including costs and attorney's fees, arising out of any personal injury, any loss or damage to property in any way resulting from or otherwise relating to my presence, recovery, or actions of others, including but not limited to any related civil or criminal proceedings, including loss of privacy or disclosure of personal health information.

I acknowledge and understand that others within the facility have previously been diagnosed with COVID-19, or may be awaiting test results for COVID-19 related symptoms. COVID-19 is a novel virus, and there are unknown and potentially fatal medical risks associated with this virus and being housed with others who have been diagnosed with the virus. I fully understand and agree that the Health District of Northern Larimer County will not provide or pay for medical treatment associated with COVID-19 or any other medical or health condition I may already have or that I may develop after being admitted. Nothing is deemed an express or implied waiver of any provision, right or obligation under the Colorado Governmental Immunity Act.

Printed Name _____ Date _____

Signature _____

