

# Solace House

OF THE OZARKS

## Application for Admission

Guest Information: Date \_\_\_\_\_

Name \_\_\_\_\_  
(first) (middle) (last)

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Number of People in Immediate Household \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Diagnosis \_\_\_\_\_

Physician(s) \_\_\_\_\_

Guest's Most Recent Living Situation Immediately Prior to Solace House: Home

\_\_\_\_\_ Family Member Home \_\_\_\_\_

Nursing Home \_\_\_\_\_ Hospital \_\_\_\_\_

## Optional Information

Race \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_ Religious Preference \_\_\_\_\_

Occupation \_\_\_\_\_ Retired? \_\_\_\_\_ From \_\_\_\_\_

**Guest Information Continued**

Is there an Advance Medical Directive? Yes\_\_\_\_\_No\_\_\_\_\_

Durable Power of Attorney for Health Care (if different from primary caregiver):

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) Telephone

Funeral Arrangements with \_\_\_\_\_  
(Name of Funeral Home and telephone number)

**Please list any special care needs, preferences, or allergies to environmental agents.**

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

**Primary Caregiver Information:**

Primary Caregiver \_\_\_\_\_  
(Name) (Relationship) (Telephone)

Address \_\_\_\_\_

**Consent to release information: I authorize the exchange of information between my physician, hospice agency and Solace House of the Ozarks in order to coordinate care at Solace House.**

\_\_\_\_\_  
Signature of Applicant (Guest or Primary Caregiver) Date

\_\_\_\_\_  
Signature of Solace House of the Ozarks Staff Date

Would you like to receive future correspondence from Solace House of the Ozarks?

Y N if yes, email \_\_\_\_\_

## RELEASE OF INFORMATION

Solace House of the Ozarks is a 501(c)3 non-profit organization. Our operations rely on the generosity of community donors and advocates. Annually, we release Guest names in an effort to keep our donors and community advocates informed. This is typically done through a newsletter, as well as a memorial service we hold each December. Do you give Solace House of the Ozarks permission to release the name of you/your loved one? We value your privacy and will always strive to be as discreet as possible.

Yes. I give permission to Solace House of the Ozarks to release basic information pertaining to myself/my loved one, understanding that the rights afforded us under HIPPA regulations will be observed.

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Signature of Applicant or Responsible Party

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Date



Permission to Attend to My Family Member

By signing this Agreement, I agree on behalf of \_\_\_\_\_ and our family that if we leave the Solace House of the Ozarks for any reason, including but not limited to; running an errand, going home to sleep, going to a doctor's appointment, going to work; the volunteers of Solace House of the Ozarks will take over our family duties to assist and attend to the needs of our loved one, \_\_\_\_\_ left in their care. This includes, but is not limited to; bathing, dressing, feeding and giving medications as prescribed by Integrity the hospice company we have contracted with.

\_\_\_\_\_ Date \_\_\_\_\_

Name of next of kin

\_\_\_\_\_

Please Print Name

Assumption of the Risk and Waiver of Liability Relating to  
Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **Covid-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Solace House of the Ozarks has put in place preventative measures to reduce the spread of COVID-19; however, Solace House of the Ozarks **cannot guarantee** that you or your family will not become infected with COVID-19. Further, entering the Solace House of the Ozarks home **could increase** your risk and your family's risk of contracting COVID-19.

By signing this Agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family and I may be exposed to or infected by COVID-19 by entering Solace House of the Ozarks and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Solace House of the Ozarks may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Solace House of the Ozarks volunteers, guests and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my family or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my family may experience or incur in connection with my entering Solace House of the Ozarks. ("Claims"). On my behalf, and on behalf of my family, I hereby release, covenant not to sue, discharge, and hold harmless Solace House of the Ozarks, its volunteers, Board of Trustees and Advisors of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Solace House of the Ozarks its volunteers, Board of Trustees or Advisors, whether a COVID-19 infection occurs before, during, or after entering Solace House of the Ozarks facilities.

\_\_\_\_\_ Date \_\_\_\_\_

Signature

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Print Name

# Health and Safety Agreement

Guest Name \_\_\_\_\_

The mission of Solace House of the Ozarks is “a home filled with loving-kindness for those at life’s end and a haven of support for caregivers”. Out of respect for the unique needs of our guests, Solace House policy has been to allow people to visit guests as freely as possible at the guest’s/family’s discretion and to allow visitors access to all communal areas of the house.

In consideration of the health and safety of our guests, their visitors and our staff, the following precautions are in effect.

By signing below, you are agreeing that the guest and all visitors will abide by these, as well as any new precautions should they become necessary, at Solace House of the Ozarks during the guests’ stay.

- Visitors with signs or symptoms of transmissible infection will not be allowed to enter. If a visitor appears sick or unwell during their visit, they will be asked to leave. Solace House staff and volunteers reserve the right to request a body temperature check of any visitor who appears to be sick.
- Each visitor will wash their hands thoroughly prior to and upon leaving the guest’s room, bathroom, or adjoining room.
- Only essential personal effects/items should be brought into the house.
- Only the front door may be used for entry/exit.
- NO personal pets are allowed, however, certified therapy pets may be allowed with prior approval from Solace House staff.
- NO SMOKING is allowed indoors or anywhere on the property. If you must smoke, we ask that you leave the Solace House property or that you smoke in your vehicle.
- NO ALCOHOLIC BEVERAGES are allowed indoors or anywhere on the property.

Thank you for your cooperation.

\_\_\_\_\_  
Signature of guest, power of attorney, or representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Solace House staff

\_\_\_\_\_  
Date

# **What To Do Should There Be a Tornado While at Solace House of the Ozarks**

If the weather looks threatening, listen to local radio or TV for the National Weather Service reports. A weather radio is located in the office on the desk. It has battery backup, should the power go out. Place a working flashlight, located in the kitchen, the cordless office phone, your cell phone and the guest room monitor in a designated area when you see the weather is turning bad. In the event that you need to seek shelter, you will be prepared.

A “tornado watch” means weather conditions are favorable for a tornado, but there is not an active tornado present.

A “tornado warning” means a tornado has actually been sighted. Seek shelter immediately.

The safest place in the home is the center and lowest level of the house; i.e. a basement, interior hallway, closet, or bathroom. Stay away from windows, doors, and outside walls. A cellar is located in the backyard of Solace House of the Ozarks for family members, visitors and/or multiple volunteers who may be present. It is kept as clean as possible for storm preparedness.

If you are the caregiver for our bed-bound guest who cannot leave the room, close the blinds and move the guest bed as far away from the windows as possible. Have a heavy blanket and pillows available to cover our guest with, in the event of an actual tornado.

**By signing this Agreement, I agree on behalf of \_\_\_\_\_**

**Name of patient/guest**

**and our family that we accept and agree to the plans put in place by Solace House of the**

**Ozarks for care of our loved one, \_\_\_\_\_**

**Name of patient/guest**

**in the event of a tornado.**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Power of Attorney**

\_\_\_\_\_  
**Printed Name of Power of Attorney**

# **What to Do Should Evacuation from Solace House of the Ozarks Be Necessary**

A fire is the most likely reason evacuation from the house would be necessary. In the event of a fire, and guest evacuation becomes necessary, below are techniques that can be used.

**For Guests Who are Walking:** With special care to prevent accidents, lead to an exit. Our exits at Solace House are the front door, the back door, and the garage.

**For Guests Who are Mobility-Impaired:** Place the guest in a wheelchair and wheel to exit. Guests can also be evacuated by carrying them in straight chairs with bearers on either side, or by having the guest clasp both arms very tightly around the neck of the bearer to be carried from the building. Two bearers can cross hands to form a chair seat for supporting patients during evacuation.

**For Guests who are Bed-Ridden Cases:** Use bed sheets or blankets. A blanket drag can be used by laying the guest on a blanket on the floor. Place both arms of the guest across his/her chest, then the blanket around the guest. Leave the guest's face uncovered, except in a smoke condition. With both hands, lift the blanket at the guest's neck area to elevate the head, and lift or drag the guest to a safe refuge.

**By signing this Agreement, I agree on behalf of \_\_\_\_\_**

**Name of patient/guest**

**and our family that we accept and agree to the plans put in place by Solace House of the**

**Ozarks for care of our loved one, \_\_\_\_\_**

**Name of patient/guest**

**in the event of a fire.**

\_\_\_\_\_  
**Signature of Power of Attorney**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Power of Attorney**