



ACCANTO HEALTH LODGING GUEST AGREEMENT

1. PERSONAL DATA

Today's Date: _____ Check-In Date: _____ Check Out Date: _____

Accanto Health Lodging Facility (please circle one):

Minnesota: (1) Park (2) West End 323 (3) West End 517

North Carolina: Exchange Lodging

Washington: (1) Leeward B1001 (2) Leeward B1023 (3) Leeward B923

Ohio: (1) Vue 206 (2) Vue 306

Name: _____ Phone: _____

Permanent Address: _____
(Street) (City) (State) (Zip)

Program: _____

Emergency Contact: _____ Phone: _____

2. AGREEMENT BETWEEN ACCANTO HEALTH ACCANTO HEALTH LODGING AND GUEST

A. Accanto Health Lodging Rules. I acknowledge that I have read (or have had read to me) Accanto Health's Lodging Rules [hereinafter "**Lodging Rules**"], and that I agree to abide by the Lodging Rules. If I do not abide by the Lodging Rules, I agree that Accanto Health has the right to immediately terminate this Agreement and my right to stay at Accanto Health Lodging. I further agree that staff of Accanto Health have permission to check my sleeping room and personal property at any time deemed necessary to inspect for any violations of the Lodging Rules, including but not limited to cleanliness, health hazards, weapons, drugs, alcohol, and stolen items. I agree to notify the Lodging Coordinator immediately if I witness any other Guest not abiding by the Lodging Rules. I understand that Accanto Health may change the Lodging Rules at any time.

B. Guest Status. I understand that I will be residing at Accanto Health's Lodging facility as a guest ("Lodging Guest" or "Guest/Transient Occupant") as defined under state law.* This Agreement ("**Agreement**") will be a week-to-week contract unless otherwise agreed. I agree that I am a Guest at Accanto Health Lodging, and my stay at Accanto Health Lodging is one of transient occupancy and that I can be asked to leave at any time subject to the terms of this Agreement. I understand that my stay at Accanto Health Lodging terminates within twenty-four hours of my discharging from Accanto Health's Partial Hospitalization Program, unless otherwise mutually agreed upon.

C. Payment. I agree to pay Accanto Health, operating the brands The Emily Program and Veritas Collaborative, the rate of \$10.00 per day while I stay at The Emily Program or Veritas Collaborative

Lodging. I hereby authorize TEP Management, LLC, a subsidiary of Accanto Health to automatically charge the credit card I furnish them for each one-week stay on the last day of each week. TEP Management, LLC will continue to charge this credit card for lodging fees until I provide written notice of my plans to vacate The Emily Program or Veritas Collaborative Lodging, as required in Paragraph 26 of Accanto Health Lodging Rules.

- D. Indemnification and Limitation of Liability.** I agree to indemnify and hold Accanto Health, LLC, and each of their owners, parents, affiliates (including, but not limited to TEP Management, LLC, The Emily Program, P.C., and Veritas Collaborative, LLC), subsidiaries, parent companies, successors, assigns, shareholders, members, directors, governors, officers, managers and employees, harmless from all liabilities, fines, suits, claims, demands and actions of any kind or nature for which Accanto Health will or may become liable or suffer by reason of any act or omissions by me, any person invited onto the premises by me, or by any other person for whom I am responsible. Such indemnification with respect to any act or omission, including claims related to breach of contract, damage to property, injury or death occurring during the term of this contract, will survive the termination of this Agreement.
- E. Release.** I hereby release and waive all claims against Accanto Health, including but not limited to the affiliates defined in Section D and agree that such parties will not be liable to me for any loss or damage that may be suffered or sustained by me or by any person on the premises at my invitation, or for any loss of or damage or injury to any person or property, including cars and contents thereof belonging to me or to any other person on the premises at my invitation, except for such loss or damage caused by the wrongful or wanton acts of Accanto Health.
- F. No Direct Supervision.** I understand that Accanto Health Lodging provides temporary housing for clients of Accanto Health, but DOES NOT provide direct supervision, treatment or therapy of Lodging Guests at Accanto Health Lodging. All treatment and/ or supportive services will be administered to clients by Accanto Health staff at a facility run by Accanto Health or as part of an outing administered by Accanto Health staff. As such, every Guest staying at Accanto Health Lodging is responsible for their own behavior. Accanto Health Lodging is NOT responsible for any Guest's behavior toward another guest.
- G. Eligibility.** Accanto Health Lodging is open to Guests who are admitting to or currently in PHP/IDP treatment at Accanto Health who would be unable to access treatment at Accanto Health without access to housing. Accanto Health may deny lodging admission to potential Guests who: (a) have a history of sexual crime, drug or violent crime charges, or damage to property crimes; or (b) have medical or mental health conditions not suitable for PHP/IDP level of care at Accanto Health.
- H. Gender Identity and Sexual Orientation.** Accanto Health Lodging is open to Guests of any sexual orientation, gender identity/expression, as well as non-binary or gender nonconforming individuals, who are aged 18 and older. Guests share bathrooms, kitchen and other common space within the lodging unit/house. Guests will share bedrooms with other guests based on their gender identity. Guests agree to treat all guests with respect and consideration, and agree that failure to do so could lead to termination of this agreement.
- I. Communication Between Accanto Health Lodging and Accanto Health Staff.** I understand that, during my stay at Accanto Health Lodging, the Site Director, Lodging Coordinator, or the Lodging Coordinator's delegate may communicate with my care team at Accanto Health concerning any circumstances surrounding my stay at Accanto Health Lodging that may impact my immediate health or safety, or ability to continue to reside at Accanto Health Lodging. Likewise, my care team at Accanto Health may also communicate with the Site Director, Lodging Coordinator (or delegate) concerning any circumstances surrounding my treatment at Accanto Health that may impact my immediate health or safety, or ability to continue to reside at Accanto Health Lodging. I understand that these communications may occur, as described in this paragraph, and authorize such communications.

J. Termination. I agree that Accanto Health Lodging has the right to terminate this Agreement at its discretion. In the event that I do not follow Accanto Health Lodging Rules, cause disruption, am deemed by Accanto Health as incompatible with other Lodging Guests, or have medical or mental health conditions not suitable for independent living at Accanto Health Lodging, Accanto Health will notify me that I must vacate the premises and this Agreement will be immediately terminated.

K. Non-Discrimination. Pursuant to state and federal law, specifically housing laws in, Minnesota, Ohio, North Carolina, and Washington, the federal Fair Housing Act and Accanto Health policy, Accanto Health Lodging does not discriminate on the basis of race, sex, religion, gender identity, color, familial status, ancestry, disability, national origin, military status, age, pregnancy, creed, marital status, status with regard to public assistance, credit history or sexual orientation or any other class protected by state or federal law when determining eligibility for lodging.

By initialing below, I certify that:

_____ I currently have no conscious suicidal plan or intent, and will immediately notify PHP staff at Accanto Health, or the crisis line if outside of programming hours, if this changes; and

_____ I will immediately notify PHP staff at Accanto Health, or the crisis line if outside of programming hours, if I experience any new physical symptoms that could affect my medical stability;

_____ I will adhere to all Accanto Health Lodging Rules.

_____ Date: _____
Accanto Health Lodging Guest/Guardian Signature

References:

Minn. Stat § 327.70, subd. 5

WAC 246-360-010

OAC 3731.01 (A)(1)

North Carolina General Statute Chapter 72