SAFE: STOP ABUSE OF ELDERS SHELTER
PARTICIPANT ACKNOWLEDGMENT

I have asked for temporary residency at ____________________. I acknowledge and agree with the following:

1. **THE FACILITY CANNOT AND DOES NOT GUARANTEE MY PERSONAL SAFETY AND SECURITY.**

2. I will work with the SAFE: Stop Abuse of Elders Shelter team on a regular basis and will keep them updated on my progress. I understand that I will be working with social workers who will share the information with identified professionals to develop a safe discharge plan. This information may also be shared with lawyers if needed to assist with identified legal issues. If I decide at anytime that the information needs to be kept confidential, I will notify the social worker.

3. I will inform a member of the SAFE: Stop Abuse of Elders Shelter team before I leave the facility’s campus for any reason (such as an outside appointment), even briefly, and I will notify them promptly after I return.

4. I understand that, to promote my healing and safety, I agree not to have any visitors during the first two weeks of my residency at the facility. I understand that no one who is prohibited to contact me under an “Order of Protection” or “Peace Order” may visit, be in touch with me, or receive information about me.

5. I understand that I may be asked to leave if I exhibit abusive behavior, which is defined as one person mistreating another. This may include emotional, verbal or physical violence as well as threatening or intimidating behavior or destructive action.

6. I will apply for benefits, if I am eligible.

7. I understand that my participation is voluntary and I have the right to leave at any time. However, I also understand that it is strongly recommended that I inform a member of the SAFE: Stop Abuse of Elders Shelter team before leaving, so that they can inform me of the potential consequences of my departure and help me develop a safe plan.

Participant’s Signature __________________________ Date ______
Print Name: __________________________
Witness’s Signature __________________________ Date ______
Print Name: __________________________

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