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**Template Visitor Policy**

Name of Recovery House is committed to ensuring a safe and healthy environment of all residents. As such, Name of Recovery House has implemented the following policy regarding visitors to the recovery home. All residents will be informed of this policy prior to entering into a resident agreement, making a payment for recovery housing, or moving into the recovery home. This policy applies to all residents.

All visitors are expected to be clean, sober and courteous. Visitors may include (list any restrictions on visitors, such as family members only, etc.) Visitors are only permitted to be in (list specific areas of the home where visitors are allowed, such as the living room or dining room).

For the privacy and safety of all resident visitors are not permitted (list areas of the home where visitors are not permitted, such as resident bedrooms). Visitors are expected to be accompanied at all times by the resident who is welcoming the visitor. Unaccompanied visitors are not permitted at anytime. For the safety and privacy of all residents, visitors are expected to be respectful and courteous to all residents. Any visitors who are or are reasonably suspected of being under the influence or in possession of illicit drugs or alcohol will be asked to leave the property immediately.. List circumstances under which a visitor may be asked to leave.

Residents who are expecting visitors are expected to notify all other residents of their plans to have a visitor and to (list requirements for residents who are expecting visitors).

Visitors are welcome at the house between the hours of (list hours where residents may welcome visitors).

Describe policy concerning overnight guests such as residents’ children.

A resident who violates this visitor policy (insert information about what will happen if a resident does not comply with the visitor policy).

I have read and understand the above visitor policy.

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_