

Moving Forward Towards Independence
COVID 19
Health and Safety Agreement

Important Safety Protocols and Practices	Initials
<p>Residents must wash their hands with soap and water for a minimum of 20 seconds:</p> <ul style="list-style-type: none"> • Upon entering their homes or main campus • After sneezing and/or coughing • Before preparing a meal or snack • Before eating • After touching communal surfaces • After using the restroom • After handling mail • Before going to bed 	
<p>Residents must not engage in any unnecessary physical contact such as:</p> <ul style="list-style-type: none"> • Hugging • High fiving • Handshakes <p>Please note this may not apply to MFTI couples that reside together.</p>	
Residents must try to avoid touching their faces including eyes, nose and mouth.	
Residents must maintain a minimum six-foot distance from others at all time.	
<p>Residents must only make essential appointments/trips/errands in the community. This includes:</p> <ul style="list-style-type: none"> • Medical/dental appointments • Pharmacy visits 	
<p>Residents must wear face coverings as follows:</p> <ul style="list-style-type: none"> • When in the community • When on campus, Coombs office and/or art room • When with staff and/or peers • When riding in vehicles 	
<p>Residents must notify staff immediately if experiencing any signs of illness including but not limited to:</p> <ul style="list-style-type: none"> • Fever • Cough • Muscle aches/pains • Diarrhea/nausea • Headache • Chills • Sore throat • Loss of smell or taste • Shortness of breath • Unusual rashes 	

Residents must not enter the main campus if experiencing any signs of illness.	
Residents must follow staff suggestions/recommendations related to health and safety protocols.	
Residents must review weekly Safety summaries to learn up to date information regarding COVID 19.	
Residents must clean and disinfect their homes daily. Support and training will be provided to ensure your success.	
Residents must consult with staff before having any visitors.	

This document acts as a summary of expectations related to COVID 19. The document was created as a tool to outline important safety expectations of all MFTI residents. Your signature below indicates you have reviewed the document with a MFTI staff person and discussed the safety protocols and practices. This document was created to ensure the overall safety and well-being of both you and the MFTI community. In the event you find it difficult to follow the safety protocols and practices a team meeting will be scheduled.

Name: _____

Signature: _____ Date: _____

MFTI Staff Name: _____

Signature: _____ Date: _____

MFTI Family Member Name: _____

Signature: _____ Date: _____