

**Day Program Visitors Guide**

All visitors who are not previously scheduled or recognized will be required to present a photo ID and/or proof of agency affiliation prior to being granted access to anyone attending the Day Program. Visitors will be required to sign in/out upon arrival and departure as well. A Program Specialist or member of management may need to be contacted and present before the visitor is able to meet with the participating individual at the discretion of Crossroads Services, Inc.

Crossroads Services, Inc. will make every effort to facilitate and make accommodations to assist an individual to have visits from those whom they may choose. Crossroads has several options to arrange visits at the Day Program. There is a conference room available and outdoor area’s with tables and seating if weather would permit. Visits would need to be scheduled and arranged in a way not to interrupt the program and/or the rest of the participants at the program. Crossroads may be willing to make accommodations to meet in the local (Altoona) community in certain situations on a case by case basis.

Crossroads also has several special events throughout the year in which participants are able to invite family members or those they may wish to visit on these special days. This availability will be determined on the current community risk as far as communicable diseases such as COVID, Flu, etc. are concerned. This visitation option will be determined closer to each event to ensure everyone’s health and safety.

Crossroads Services, Inc. will monitor the community health status and may make adjustments to this guide depending on the current community health risk at that time. Crossroads may restrict a visitor’s entry to the facility who is displaying signs/symptoms of a transmissible infection. Any visitor exhibiting signs and symptoms of an influenza-like illness should defer visitation until he or she is no longer potentially infectious. Crossroads may suspend visitation within the facility during times of increased community spread of a specific infection/illness.

Individuals Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Guardian/Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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