

A Nurses Touch Residential Care



Entrance Access Form

In an effort to keep security a priority at A Nurses Touch Residential Care please indicate below the person or persons that have permission to access your apartment when you are away from A Nurses Touch Residential Care, in the hospital, or during a stay that you might have in our Care Center. A Nurses Touch Residential Care has a policy regarding knob locks, which includes the need for the person/s whom you designate to produce identification in the form of a Driver's License or State I.D. in order to access the knob lock key. No key will be issued to anyone other than the person(s) whom you have indicated below.

One exception to the above procedure will be, upon the time of your death, only the executor of your estate or trust officer will have access to your accommodation.

The following individual(s) have permission to enter my accommodation, in the event, I am away from A Nurses Touch Residential Care, in the hospital, or during a stay in the A Nurses Touch Residential Care.

Resident name: _____ Date: _____ Apt #: _____

Resident signature: _____

First Name:

Name _____ Relationship _____
Address _____ Phone Number (____) _____
City _____ State _____ Zip code _____
Email address _____

Second Name:

Name _____ Relationship _____
Address _____ Phone Number (____) _____
City _____ State _____ Zip code _____
Email address _____

(More names may be written on the back if needed)