



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PATIENT VISITOR HOUSING

Effective Date: June 8, 2007

Policy #: ADM-03

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- I. PURPOSE:** Provide housing to facilitate family visits with patients.
- II. POLICY:** Montana State Hospital provides a one bedroom family housing unit at Warm Springs for rental to immediate family members of patients. Provision of the housing unit is to support the involvement of the family in the patient's treatment. The rental unit will be made available to family members in accordance with the provisions of this policy.
- III. DEFINITIONS:** None.
- IV. RESPONSIBILITIES:**
 - A. Treatment Teams – will determine appropriateness of patient's family housing needs for use of the rental unit, and then coordinate with the Family and Volunteer Services Coordinator. Consideration will be given to financial resources, travel distance, and time to be spent with the patient.
 - B. Family and Volunteer Services Coordinator – will schedule use of the patient visitor housing rental unit, ensure that it is properly cleaned and maintained, and coordinate communications between staff members on issues concerning the housing unit.
 - C. Front Desk Staff – After normal working hours provide the key and directions to the house to persons with reservations to stay in the unit.
- V. PROCEDURE:**
 - A. The family housing unit can only be made available when it is reserved in advance. A Treatment Team Member in charge of the patient's care will complete and sign the [Family Housing Request](#) form. The completed request indicates treatment team recognition and support for the therapeutic value of proximity of patient's family.
 - B. The Treatment Team Member will forward a copy of the signed request to the Family and Volunteer Services Coordinator. The Family and Volunteer Services Coordinator will then approve/deny the request based on availability and return the form to the treatment team so that it can be placed in the patient's chart.

FAMILY HOUSING REQUEST

DATE OF REQUEST: _____ TREATMENT UNIT: _____

NAME OF PATIENT: _____

NAME OF FAMILY MEMBER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE NUMBER: _____

ARRIVAL DATE: _____ APPROXIMATE TIME: _____

DEPARTURE DATE: _____ APPROXIMATE TIME: _____

NAME(S) OF ANY ADDITIONAL OCCUPANTS: _____

VEHICLE MAKE/MODEL: _____ LICENSE #: _____

On behalf of the patient, I hereby request a housing rental for the above mentioned immediate family member(s). My request has the support of the patient's treatment team based on the therapeutic value of a visit by the patient's family.

Treatment Team Member

For Office Use:

_____ The family housing unit is available for the above listed dates and has been reserved for this family.

_____ The family housing unit has already been reserved for the above listed dates. This form will be retained on file; in the event of a cancellation the family member listed will be notified promptly of an availability.

FAMILY HOUSING RENTAL CONDITIONS

Montana State Hospital provides the immediate family of patients the opportunity to rent family housing on campus while visiting their relatives.

Immediate family members (spouse, parent, child, grandparent, grandchild, sibling, or corresponding in-law) may reserve a family housing unit by contacting the Family and Volunteer Services Coordinator at Montana State Hospital (693-7203) between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday, excluding holidays. Keys must be picked up and returned to the Family and Volunteer Services Coordinator between these hours. On weekends and holidays, keys will be picked up and turned in to the Montana State Hospital Front Desk. **RENTERS MUST VACATE BY NOON ON THE DAY OF DEPARTURE TO ALLOW FOR CLEANING OF THE DUPLEX.**

The Family and Volunteer Services Coordinator will require that the renting family member provide a completed copy of the Family Housing Request form, which must be signed by the treatment team member assigned to the patient being visited.

During regular hours, maintenance problems are to be reported to the Maintenance Office at 693-7111. After-hours complaints regarding serious maintenance problems must be reported to the Nursing House Supervisor via the Montana State Hospital Front Desk (operator) at 693-7000.

The maximum rental period for all housing is 72 hours (3 nights). Maximum occupancy is four persons. Patients may not visit relatives in the area of the rental units. Guests will be charged for any damage to state property, which exceeds that expected for normal use. The hospital does not provide daily maid service. The units will be stocked with an initial supply of towels and bedding. Guests are responsible for providing any additional supplies and/or laundering towels and linens.

Guests must conduct themselves in a manner which does not disturb hospital operations or other residents of hospital housing. The hospital reserves the right to require any individual to vacate the rented unit if they create a disturbance. No pets are allowed in the rental units.

The daily rate for rental units is \$10. Guests must pay with cash or check in advance. Payment must be made at the Claims Office or the Front Desk prior to receiving the residence key.

Refund requests must be made to the Family and Volunteer Services Coordinator at least one day in advance.

The rental unit consists of a one-bedroom duplex, which contains a living room with a sofa bed, bathroom, and kitchen with stove, refrigerator, and cooking utensils. Cooking of meals is permitted in the rental unit.

I have read and understand the above document. I agree to abide by the items and conditions set forth therein.

Signature

Date