**ARBOR HOUSE**

**TERMS OF STAY AGREEMENT**

Arbor House (AH) is a community-provided resource, and residing here is a privilege provided to the patients and their families seeking treatment in our facilities. Arbor House was established to provide a comforting and safe environment for patients receiving outpatient care and family members with loved ones in the hospital.

***This agreement must be signed by all guests staying at CMH Arbor House at the time of key pick-up. By signing below, you agree to abide by the following rules and policies during your stay.***

***All the information below for the guest staying at AH is required***.

Guest Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit/Room #: \_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Vehicle Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Plate: \_\_\_\_\_\_\_\_\_\_\_\_

Date of Check-in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Check-out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received the key to AH room # \_\_\_\_\_\_\_.

**1. HOUSING RULES**

* **Smoking:** Central Maine Medical Center (CMMC) is a smoke free campus; therefore, smoking is strictly prohibited on Arbor House premises and CMMC campus. This includes but is not limited to cigarettes and vape pens.
* **Alcohol:** Alcohol is strictly prohibited on the CMMC campus and within Arbor House.
* **Drugs:** Any use of drugs, not prescribed by a healthcare provider, are strictly prohibited. This includes, but is not limited to, medicinal marijuana.
* **Guests & Children:** Only registered guests are allowed to stay within Arbor House. Additional guests and underage children must have approval from CMMC. All guests staying at Arbor House **MUST** be on the reservation.
* **Pets:** Only service animals are permitted and must comply with leash and vaccine laws.
* **Parking:** Tenants must park in Lot K as indicated by signage on Hammond Street.
* **Room Security:** Rooms must remain locked at all times. Arbor House is not responsible for lost or stolen personal belongings.
* **Shared Spaces:** Tenants are responsible for keeping public areas clean, including bathrooms, laundry areas, and the kitchen.
* **Electrical Appliances:** Use of space heaters or unauthorized appliances is prohibited.
* **Safety:** Security is available for any emergencies (1-207-795-2299), facilities may be inspected by Security/CMH Staff if there is a concern regarding safety or policy issues.

**2. KEY POLICY**

* **Key Pickup:** Keys can be collected from the Switchboard Department at 60 High Street between 6:00 AM and 9:00 PM. Outside these hours, contact Security at 207-795-2299.
* **Lost Keys:** Loss of a key will result in a $250 replacement fee, which covers rekeying locks.
* **Key Sharing:** Keys may never be shared or exchanged between guests on other reservations/staying in another AH room.
* **Key Return:** Keys must be returned to the Patient Information (Switchboard) desk at 60 High Street upon departure unless prior arrangements have been made.

**3. DAMAGE, REPAIRS & MAINTENANCE**

* Guest Responsibility: Guest agrees to maintain the property in good condition and is responsible for any damage, loss or excessive wear and tears that occurs during their stay.
* Repairs and Maintenance: Any damages, repairs needed, or item replacements should be reported to Switchboard at 207-795-0111.

**4. GUEST REMOVAL:** Central Maine Healthcare (CMH) reserves the right, at its sole discretion, to restrict access or require tenants to vacate the premises based on AH rules, CMH service standards and extenuating circumstances and/or violation of the terms of this agreement.

**5. RESERVATION EXTENSIONS:** Decisions to extend reservations will be at the discretion of CMH. Please make all requests for an extension to the switchboard prior to the last day of your reservation.

**6. AGREEMENT TO TERMS**:

I acknowledge that I have read and understood the Arbor House Housing Policies and agree to comply with all the rules stated.

I understand that I enter Arbor House at my own risk. I agree to release AH, CMH and all its entities from liability for injuries or lost/damaged valuables and/or personal items, vehicle. I agree to compensate AH for any damage I or my guests cause to property, including legal fees. I understand that failure to adhere to these policies may result in termination of my stay.

I verify that I am 18 years of age or older and that all of the information that I provided on this form is accurate.

Guest Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

**For CMH Team Member Use Only**

Please sign this at ***check-in*** to verify that rules were reviewed, and identification was validated.

Team Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please sign this at ***check-out*** to verify that guest checked out on the designated date and returned the room key.

Team Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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