



**PROVIDER-OWNED OR CONTROLLED RESIDENTIAL SETTINGS
RESIDENT AGREEMENT**

Name: _____ Record No: _____

Medicaid #: _____ Date of Admission: _____

All clients residing in a provider-owned or controlled residential setting will have:

- A key to their residences
- Privacy in their unit including lockable doors and a household practice of knocking before entering personal rooms
- A choice of roommates
- Freedom to suitably decorate their room
- Freedom and support to plan schedules and activities
- Have access to food at any time of their choosing
- Have visitors at any time
- Be able to physically access the entire setting
- The right to 30-day notice of eviction
- All other rights afforded to tenants under North Carolina law

Signature of Individual or Legal Guardian (if appropriate) and Date

Agency Representative and Date

This forms meets these standards
Authority: §441.301(c)(4)(A)