

ENTERED IN SARA SYSTEM BY: \_\_\_\_\_

ENTERED IN AWAY LIST BY: \_\_\_\_\_

STAFF - PLEASE CHECK BOX WHEN ENTERED

**BROADMEAD RESIDENT AWAY**  
**INFORMATION SHEET**

Resident Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

I would like to receive the Meal Credit: \_\_\_\_\_ Yes \_\_\_\_\_ No  
My Key tag is \_\_\_\_\_ White \_\_\_\_\_ Green \_\_\_\_\_ Blue  
(You must be away 7 or more days to receive a meal credit, 15 days for new contract)  
(Your Food Card will be debited for each day that the meal credit is given)

---

Reason for Absence:           Hospital Transport \_\_\_\_\_  
                                      Temporary Relocation to Hallowell \_\_\_\_\_  
                                      Standard Scheduled Away \_\_\_\_\_

How Can We Reach You While You Are Away?

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

Phone Number: \_\_\_\_\_

**Please review the following and check the appropriate options that apply:**

\_\_\_ Routine services like Housekeeping or Maintenance may continue in my home while I am away and staff is authorized to gain access.

\_\_\_ No one is authorized to be in my garden home during my absence unless there is an emergency. I will continue services when I return.

\_\_\_ I have authorized the following individual(s) to access my garden home during my absence and have provided them with a key:

\_\_\_\_\_  
Name of Individual Authorized

\_\_\_\_\_  
Name of Individual Authorized

\_\_\_ I have a pet that will remain in the garden home during my absence and I have authorized the following individual(s) to access my garden home to care for my pet and I have provided them with a key:

\_\_\_\_\_  
Authorized Pet Care Giver

\_\_\_\_\_  
Authorized Pet Care Giver

**Failure to complete this form will result in potential entry into your garden home during your absence.**

Original Finance  
Copy Front Desk  
Copy Housekeeping  
Rev. 12/2017