

RESIDENT SMOKING AGREEMENT

Resident name: _____ DOB: _____

Resident has been designated as a (choose one) non-smoker, smoker not requiring supervision, smoker requiring supervision.

The following is a summary of the Facility's Resident Smoking Policy

1. _____ prohibits smoking in its facility except for specifically designated areas. Designated areas include:
 - a. SPACE ONE
 - b. SPACE TWO
2. Residents are not permitted to have any smoking paraphernalia in their room or on their person. All smoking paraphernalia should be given to the nursing staff for safekeeping. Residents wishing to smoke should request the materials from the nursing staff.
3. Residents designated as requiring supervision while smoking must be accompanied by a staff member while smoking.
4. The use of medical oxygen is prohibited in smoking areas.
5. Residents may not provide other residents with cigarettes or other smoking paraphernalia and may not light a cigarette for another resident.

Resident's signature

Date

Social Worker, Psychologist, or RN Signature

Date

Social Worker, Psychologist, or RN Printed Name

Date