

**Resident Information**

Name (Last, First):

Student ID #:

Building:

Room Number:

I understand that the care giver process is to allow approved caregivers access to a unit to care for children or animals, at times when the adult resident of the unit is not home, or to provide care to the resident. Eligible Caregivers are required to follow all University Housing & Residence Life (UHRL) and Portland State University policies.

I, the Resident, agree to:

- Conduct myself, and require my caregiver to conduct themselves in compliance with the UHRL Handbook and Student Code of Conduct and in a reasonable manner that does not disturb other residents or their guests.
- Assume liability for damage resulting from action by myself or caregivers.

Resident Signature:

Date:

**Caregiver Information**

Name (Last, First):

Relationship to Resident:

Date of Birth:

Gender:

Email Address:

Phone:

Caregivers are approved for specific needs, and must provide the type of care specified below. Caregivers accessing the unit or residential facilities outside of the approved times and for approved reasons is a violation of the UHRL Handbook.

**Child Care**

Provide the specific date(s)/time(s) and duration of the child care:

For Extended Care Needs (Daily), documentation such as a class schedule, work schedule and school schedule are required.

**Animal Care**

Provide the specific dates and duration of animal care:

A new Care Giver Registration Form must be submitted for each period requested. Approval will not be granted for more than two consecutive days and no more than five total days in any academic quarter. Keys will be checked out to a care giver for one hour during approved periods.

**Resident Care**

Provide the specific date(s)/time(s) and the duration of care:

For Extended Care Needs (Daily or Long Term), an accommodation from the Disability Resource Center is required.

Has the Caregiver ever been convicted of a felony? Yes: No:

If you have ever been convicted of any of the following crimes: homicide, assault, kidnapping, or sexual offenses pursuant to Chapter 163 of the Oregon Revised Statutes or a similar criminal statute from another jurisdiction; a crime involving a weapon; or a felony involving illegal drugs or controlled substances; or are you required to register as a sex offender? If your answer is yes, you are required to submit the [Release from Liability and Consent to Check Criminal History form](#) and a detailed summary of the offense(s) including copies of police reports, sentencing reports or other evidence satisfactory to the University Housing and Residence Life Office.

As a caregiver, I agree to uphold the UHRL Terms & Conditions and that the information provided is true and accurate.

Caregiver Signature:

Date:

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**For Office Use Only**

Caregiver access Approved (staff initial):

\_\_\_\_\_ Standard Child Care giver Approval

Caregiver may pick up a key/fob each time access is needed, on these days/dates: \_\_\_\_\_

\_\_\_\_\_ Standard Animal Care giver Approval

Caregiver may pick up a key/fob each time access is needed, on these days/dates: \_\_\_\_\_

\_\_\_\_\_ Standard Resident Care giver Approval

Caregiver may pick up a key/fob for the duration of the resident stay. DRC Approval Required.

\_\_\_\_\_ Extended Child Care giver Approval

Caregiver may pick up a key/fob each term. Approval from UHRL Associate Director Required.