

After completing this form return to the Housing Office or email housing@pdx.edu.
Both Caregiver and Resident must sign this form.

Resident Information

Name (Last, First):

Student ID #:

Building:

Room Number:

I understand that the caregiver process is to allow approved caregivers access to a unit to care for Support Animals at times when the 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 (PSU) 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:

A new Caregiver 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 caregiver for one hour during approved periods.

For extended care needs (Daily or Long Term), an accommodation from the Disability Resource Center is required.

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 approved reasons is a violation of the [UHRL Terms and Conditions](#).

Animal Care ☐

Resident Care ☐

Provide the specific dates/times and duration of care:

Caregiver Information

Name (Last, First)

Relationship to Resident

Date of Birth:

Gender:

Email Address:

Phone:

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

Individuals must notify UHRL in writing and through submission of the [Consent to Background Check and Release of Liability Form](#) if any of the following circumstances apply:

- i. Are required to register as a sex offender; or
- ii. Have been convicted of any felony or 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
- iii. Have been charged and are awaiting the outcome of the judicial process for any felony or 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 substance; or
- iv. Have an active warrant for their arrest.

As a caregiver, I agree to uphold the [UHRL Terms and Conditions](#) and confirm the information provided is true and accurate.

Caregiver Signature:

Date: