

Home Care Notification of Absence

Residents are required to notify the Community Center any time they leave their residence for more than two weeks. Whereabouts are kept private and confidential. The Home Care program helps monitor your home to reduce possible damage in your absence. Upon notification, the home is regularly inspected according to the Home Care Program guidelines.

Resident must sign up for the DES Home Watch Program to qualify for the Home Care Program.

Proof of enrollment? Yes No

Permission To Enter: Is there a current PTE on file?

Yes No (If No, I allow Fort Hood Family Housing staff to enter on a PTE for home care purposes only _____ initial)

While on Home Care, Fort Hood Family Housing staff will monitor the home during your absence. Permission To Enter (PTE) allows authorized Fort Hood Family Housing property management and maintenance staff to enter a home for the purpose of monitoring for emergency maintenance needs.

Contact Information:

Resident Name: _____ Home Address: _____

Phone Number (during absence): _____ Email: _____

Address (during absence): _____

How long do you anticipate the absence will be? _____ Depart: _____ Return: _____

The program will automatically be discontinued on the date listed for return. Residents will be responsible for informing the Community Office for changes to the return date for program continuation. _____ Initial

Please provide an emergency contact and alternate key holder information in the event we are unable to reach you.

Name / Relationship: _____

Phone Number: _____ Email: _____

Would you like for us to contact you if a work order is necessary – ie: ac or heat not functioning, water leaking, pest control
 Yes No

Resident Responsibilities During Absence:

I understand that in my absence, it remains my responsibility to maintain accessibility to the residence to facilitate emergency services. I am responsible for lawn care or maintaining my yard. **If I am not able to meet this obligation, the Community Office will contract for the service and I will be assessed a \$50 charge for each instance of mowing.**

Lawn Care Provider Name: _____ Phone: _____

Pets are not permitted to be left at the home.

Does resident have pets? Yes No

I have provided accurate contact information to Fort Hood Family Housing regarding the care of my home, family and pets prior to and during my absence. I will promptly notify my Community Center if any of the information provided on this form changes.

Resident Signature: _____ Date: _____

Fort Hood Family Housing Representative: _____ Date: _____

*Participation in the program does not provide any guarantee, nor does it eliminate the Resident's responsibilities and liabilities, including upkeep. Proper monitoring or maintenance cannot be performed if Fort Hood Family Housing is not appropriately notified or if home access is given to others. Without notice, or if others are allowed access, Residents are responsible for any damage or required maintenance that occurs during their absence.