



Policy Name GUEST SUITE POLICY	Policy Number: 2010
	Effective Date: May 28, 1999
Approved By: Management	Date Revised: April 20, 2011
Classification: Property	Page No: Page 1 of 6

POLICY

The Salvation Army Agapé Hospice guest suite is a place for the family of current residents to stay while their loved one is in Agapé's care. The guest suite is located adjacent to the kitchen area on the main floor.

All guests and visitors are to abide by the policies and procedures set out by the Salvation Army Agapé Hospice. Agapé Hospice reserves the right at its sole discretion to refuse / cancel any bookings without stating its reasons for such refusal.

DEFINITION

<i>Families</i>	individuals who are biologically related to or chosen by a current resident at The Salvation Army Agapé Hospice
<i>Guest</i>	refers to an individual who has booked the guest suite
<i>Management</i>	the Management Team at The Salvation Army Agapé Hospice
<i>Office Hours</i>	Monday – Friday 0800 – 1600 excluding statutory holidays
<i>Resident</i>	individual who is currently receiving care at The Salvation Army Agapé Hospice
<i>Visitors</i>	individuals who are at The Salvation Army Agapé Hospice for reason of business, friendship, or duty.

PROCEDURE

Priority is given to families; however there are times when the guest suite is not booked Agapé Hospice may make it available to others. Other guests may include:

- The Salvation Army – Divisional or Territorial Headquarters personnel visiting Calgary;
- Patients of the Tom Baker Cancer Centre who need a place to stay with their families for a maximum of seven (7) consecutive nights;
- Other visitors to Calgary for whom a staff member is willing to vouch for. Approval from Executive Director and/or Management is required prior to this type of booking.

The Guest Suite contains:

- Two bedrooms with double beds (linens supplied);
- Kitchen with:
 - Refrigerator,
 - Microwave,
 - Coffee Maker,
 - Toaster,



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- Cutlery/Dishes/Mugs/Glasses
- Dining room furnished with four piece dinette
- Living room furnished with 1 queen size sofa bed (linens supplied)
- Television / VCR
- Telephone (for local call only)
- Coffee tables/lamps,
- Swivel rocking chair
- Humidifier
- Full bathroom with tub & shower (towels supplied)

Charges for the guest suite are as follows:

- Children (0-17 years) stay free and must be accompanied by at least one adult
- Adults:

	Per day	Weekly charge (7 days)	Monthly charge (3 or more weeks)
1 person	\$50.00 per day	\$320.00 per week	\$750.00 per month
2 or more persons	\$80.00 per day	\$480.00 per week	\$750.00 per month

Reserving the Guest Suite

1. The guest suite is available by reservation on a first come first serve basis. Check-in time is by 3:00 pm and check-out time is before 11:00 am. There are available spaces at Agapé Hospice to keep luggage after check out time if needed.
2. Potential guests must make reservations in person at reception on the main floor or by calling 403-282-6588 during office hours. Only in special circumstances can reservations be made outside office hours with the workstation.
3. Please check the availability of the guest suite and any restrictions prior to confirming reservation. The availability of the guest suite is posted on:
 - The whiteboard in the reception office

NOTE: the Unit Clerks will also mark their wall calendar in the workstation with the name of the guest and dates of occupancy. **DO NOT** use this calendar for booking the guest suite.
4. Complete section 1 on the Guest Suite Booking Form (attachment A)
5. Copies of the Guest Suite Booking Form (attachment A) to be given to the following departments:
 - Reception
 - Unit Clerk



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- Housekeeping
 - Kitchen
6. Notify the Kitchen and Housekeeping of the potential guest and dates of occupancy.
 7. At the locations listed in step 3 above write in the guest's last name only and the dates of check-in and check-out to ensure no double booking of the guest suite occurs.

When guests check-in

1. Guest can obtain the guest suite key at reception during office hours. If guest is unable to arrive during office hours, guests must notify reception so alternative arrangement for key collection can be made.
2. Guest must provide a \$50.00 Key/Damage Deposit prior to obtaining the guest suite key. Complete section 4 of the Guest Suite Booking Form (attachment A)
3. Guest **must** read, agree to, and sign the Terms and Conditions on the back of the Guest Suite Booking Form (attachment A) prior to obtaining the guest suite key.

When guests check-out

1. If the guest checks-out during office hours, the guest suite key must be returned to reception and payments can be received by the following methods:
 - American Express
 - Cash
 - Cheque
 - Debit
 - MasterCard
 - Visa
2. If the guest checks-out after office hours, payment can only be received in the form of cash or cheque at the workstation. Please place guest suite key and payment in an envelope with the following information:
 - Who the payment is from
 - Address to send the receipt and Key / Damage Deposit to
 - Number of nights stayed
 - Number of adults
 - Name of staff receiving the payment (in case clarification is needed)

Place the envelope and guest suite key in the locked med box to be given to reception during office hours.



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3. Complete section 2 and 3 of the Guest Suite Booking Form (attachment A) and give to reception to process.

ATTACHMENT

[Guest Suite Booking Form](#)



Guest Suite Booking Form

SECTION 1: PERSONAL INFORMATION

Name: _____
Last Name First Name Middle Initial

Current Address: _____

City: _____ Prov./State: _____ Country: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Resident's First Name: _____ Resident Room: _____

Arrival Date: _____
Check-in time is by 3:00 pm

Departure Date: _____
Check-out time is before 11:00 am

SECTION 2: AMOUNT PAYABLE

Please use the appropriate calculation (A or B)

One (1) Adult (18+ years old)

(No. of Days) _____ x \$50.00 = \$ _____

(No. of Weeks) _____ x \$320.00 = \$ _____

(No. of Months) _____ x \$750.00 = \$ _____

Two (2) or More Adults (18+ years old)

(No. of Days) _____ x \$80.00 = \$ _____

(No. of Weeks) _____ x \$480.00 = \$ _____

(No. of Months) _____ x \$750.00 = \$ _____

TOTAL AMOUNT DUE: \$ _____

SECTION 4: KEY / DAMAGE DEPOSIT

We require all guests to put up a \$50.00 key/damage deposit to ensure the condition of the guest suite and its contents. Deposits may be made by cash, cheque or credit card. This deposit is fully refundable on check out provided:

- No damage was done to the guest suite or its contents beyond normal wear and tear;
- Guest suite was left in a neat condition and furniture was not rearranged;
- Guest suite key is returned to reception or designate;

PLEASE REPORT ANY DAMAGES UPON CHECK IN

NOTE: if expenses are incurred to repair damages, replace missing items, pay for extra cleaning, or any other violations of the rental terms and conditions, we reserve the right to apply the key/damage deposit to offset expenses. A copy of the bill and the charge slip will be sent to the guest if this situation occurs.

I the undersigned have read and agree to the above outline on key / damage deposit

Guest Signature _____

Date _____

SECTION 3: PAYMENT METHOD (SELECT ONE)

- * Visa * Mastercard * American Express
* Debit Cheque Cash

NOTE: Payments with (*) can only be completed with reception during office hours.

Card No. _____

Exp. Date _____ / _____
Month Year

Name on Card: _____

Cardholder's Signature _____

OFFICE USE ONLY

On Check-in

- Guest Suite Key Given
 Key / Damage Deposit Received

Deposit Received By: _____
 Cash Cheque _____
Cheque Number

On Check-Out

- Guest Suite Key Returned

Key Received By: _____

- Key / Damage Deposit Returned

Deposit Received By: _____
Guest Name

Receipt Number: _____

Cc: Housekeeping Kitchen Reception Unit Clerk

Revised: April 20, 2011



Guest Suite Booking Terms and Conditions

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Any variation to these standard terms and conditions must be agreed in writing by the Management at The Salvation Army Agapé Hospice.

1. General

- a. Management at The Salvation Army Agapé Hospice reserves the right at its sole discretion to refuse any application for reservation without stating its reasons for such refusal.
- b. The guest and their visitors are expected to act in a proper and orderly manner. Management reserves the right to terminate any booking during occupation immediately for failure to adhere to the terms and conditions as outlined.
- c. In keeping with our mission of providing a home-like welcoming setting for our residents, it is essential that noise levels are kept to a minimum at all times and, in particular, between the hours of 2200 hours and 0800 hours.
- d. Management reserves the right to enter the guest suite for reasonable and lawful purpose
- e. The Salvation Army Agapé Hospice cannot accept responsibility for the lost of, or damage to, guests' personal property or vehicles. Guests are, therefore, advised to be most careful with regard to the security of their belongings. Guests should also ensure that cars are securely locked and valuables are removed.

2. Guest Duties

- a. Children under the age of 17 must be properly supervised by an adult at all times.
- b. Guests shall not make any alterations or additions, or change the premises in any way without the prior written consent of management.
- c. Guests shall promptly notify management of any disrepair or defect in the guest suite property or premises or any failure or shortcoming in the supply.
- d. Guest shall comply with all by-laws of the City of Calgary and other lawful authorities affecting the facility.
- e. Smoking is not permitted in any area of the building. Incense is not permitted unless written permission is given for use for religious purposes.
- f. Gambling in any form is not permitted
- g. No drugs (except for medical purposes) are permitted in the facility
- h. No pets, of any order, species or description are allowed to remain overnight in the guest suite without prior consent from management.
- i. Intoxicating liquor must not be sold, supplied or consumed on, or brought into the guest suite.
- j. Candles, hotplates, or any open element are not allowed in the guest suite. A toaster and Microwave is available to reheat items.
- k. Use of the stove or oven is not permitted.

3. Safety Precautions

- a. Guest shall not engage in any activity that interferes with the comfort or safety of others or their property.
- b. Guest shall be financially responsible for any damage s/he causes to the premises during their stay
- c. In the event of a fire alarm guest must evacuate the building and must not return until the alarm is off or the fire department indicates it is safe to do so.

I have read, understand and, by my signature below, agree to the terms and conditions outline above.

Guest (signature)

Date