



**CARE HOME ASSISTANCE PROGRAM
GUN DECLARATION**

I, _____ as the residential provider contracted with Elizabeth Richardson Center (ERC) hereby declare the presence or absence of a gun(s) in the home in which _____ (person served) lives. I further understand that if there are guns in the residential home of the client, it must be kept secure to ensure safety for the person served at all times. The S.A.F.E. method must be used.

- S- Secure your firearm when not in use.
- A- Awareness of client and prevent unauthorized Access
- F - Focus on your responsibilities as a gun owner
- E- Establish S.A.F.E. method as safety practice everyday the client is in your care

____ No, I do not have a gun(s) in my home.

I understand that if at any time I purchase or am given a weapon that will be kept in the home I must declare its presence ERC program manager and use SAFE metod to ensure safety for the person living in my home. Please include description how the ammunition will be stored using the S.A.F.E. method as well.

____ Yes, I have a gun(s) in my home.

Describe weapon(s) is/are present in the home and how they are secured and the SAFE method used to ensure safety for the person served living in your home

Provider Contractor

Date

Provider Contractor

Date

Elizabeth Richardson Representative

Date