

Instructions: Fill out this application with your personal information. Information must be complete and legible.

- Type answers, then print out form; or
Hand write your answers in print (no cursive).

Remember to sign this form. Your signature is required for OSH to process your application.

Return application by any of the following methods:

- 1. Return to a staff member at the main lobby window of the campus you are visiting.
2. Return by mail to the appropriate address:

For Salem Patients: Oregon State Hospital, Salem RECEPTION 2600 Center Street NE Salem, Oregon 97301

For Junction City Patients: Oregon State Hospital, Junction City RECEPTION 29398 Recovery Way Junction City, Oregon 97448

3. By fax:

Salem: 503-945-2807 Junction City: 541-465-3007

4. By scanning and emailing to:

Salem: SalemOSH.CommCenterLEDS@state.or.us Junction City: JC.BusinessServices@state.or.us

This form may contain your personal information. If you return the form by email there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email, consider using regular mail or fax.

Patient name: Unit:

Adult visitor information

Name: Gender: Spiritual/Pastoral

Mailing address:

City: State: ZIP:

Driver's license or State ID no.: Social Security no. (Last 4 digits): Date of birth:

Names used previously:

Place of birth: How do you prefer to be contacted? Phone Email Mail

Email: Phone:

Are you a current or past OSH employee? Yes No If yes, when?

*Social Security number information is optional, but leaving this field blank may delay processing of your application.

Relationship to patient:

I understand that by applying for visitation, I give permission to have a confidential Law Enforcement Data Systems (LEDS) check performed upon initial application. I further agree that a LEDS check will be performed annually thereafter if:

- I have a criminal history of certain crimes within the last two years;
If I take a patient on an approved outing away from the hospital.

Printed name of applicant Signature of applicant Date

For official use only

Received by: Date:
LEDS operator: Date: Result: