



# COLD SPRING HILLS

CENTER FOR NURSING AND  
REHABILITATION

## *Family Request for Visitation Appointment*

Your Name: \_\_\_\_\_

Name of Resident to be Visited: \_\_\_\_\_

Number of Visitors:  1 or  2

Location:     Outdoors (Sagamore Entrance Patio via “visiting cube”)  
                  Indoors (Adult Day Care) \*In the event of inclement weather\*

Visit Day:

- Monday - Woodcrest
- Tuesday - Brookville
- Wednesday - Sea Cliff 1
- Thursday - Sea Cliff 2 and 3
- Friday - Norwich

Preferred Time Slot: (Choose ONE)

- 10:00 AM to 10:30 AM                    11:00 AM to 11:30 AM
- 1:30 PM to 2:00 PM                    2:30 PM to 3:00 PM
- 3:30 PM to 4:00 PM                    I’m flexible and will take any available slot

Email Address: (Your appointment confirmation will be sent via email)

\_\_\_\_\_ @ \_\_\_\_\_

Option:

- In addition to my choice above, please notify me of any last-minute cancellations—I live locally and can be at the facility within 15 to 20 minutes.

Please return completed requests by mail or hand-delivered to our front door addressed as follows:

**Cold Spring Hills Center for Nursing and Rehabilitation**  
**378 Syosset Woodbury Road Woodbury, NY, 11797**  
**Attn: Michelle Russo, Director of Therapeutic Recreation**

By signing below, I attest that I received, have read, and fully understand the necessary rules governing visits at this time as outlined in the Administrator’s letter of 9-18-20.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_