



## ACKNOWLEDGEMENTS

Dear Resident/ Responsible Party

Our licensing department requires that we share with you certain forms and policies. By signing below, you acknowledge that you have received information on and/or copies of the following;

- \_\_\_\_\_ Policy on Advance Directives
- \_\_\_\_\_ Residents Rights Pamphlet
- \_\_\_\_\_ Provider's Bill of Rights
- \_\_\_\_\_ Ombudsmen Pamphlet
- \_\_\_\_\_ Policy on Electronic Monitoring
- \_\_\_\_\_ AL Disclosure Statement, Form 3647

Residents Name \_\_\_\_\_ DOB \_\_\_\_\_

Responsible Party Name \_\_\_\_\_

Responsible Party Sign \_\_\_\_\_ Date \_\_\_\_\_

Facility Rep \_\_\_\_\_ Title \_\_\_\_\_