

ASSISTED LIVING ACKNOWLEDGMENT FORM

Resident Name: _____

My signature below indicates that I have received the information below:

I have received, had explained and signed a copy of the Uniform Disclosure of Assisted Living Services and Amenities (UDALSA)

I have received and signed a copy of the Contract and Summary page

I have received and signed a copy of my service plan

I have received and signed the No Smoking Policy

I have received a copy of the facility meal plan, have chosen a plan and have signed for it.

I have been given the opportunity to identify a designated representative

If applicable, I have received the attachment to the Contract that explains the facility subsidy program

If applicable, I have received the Dementia Disclosure for non-memory care sites

I have received a copy of the "Assisted Living Home Care Bill of Rights" and the facility has fully informed me of these rights

I have been told that I can contact _____ if I have issues or concerns

I have been told that I can contact _____ if I need assistance with transportation. If applicable some facilities require a 48-hour advance notice of need.

(Signature of Resident or Resident's Representative)

(Date)

(Signature and Title of Facility Representative)

(Date)

Please initial the following to indicate any action you have taken regarding advance health care directives:

_____ I have executed a Health Care Directive and have provided a copy to the assisted living facility

_____ I have executed a Health Care Directive and have not provided a copy to the assisted living facility

_____ I have not executed a Health Care Directive

(Signature of Resident or Resident's Representative)

(Date)

(Signature and Title of Facility Representative)

(Date)