

**ACKNOWLEDGEMENT OF RECEIPT OF POLICY AND  
PROCEDURE REGARDING RESIDENT FREEDOM FROM  
ABUSE, NEGLECT, AND EXPLOITATION AND THE ELDER  
JUSTICE ACT**

I hereby acknowledge by my signature that I have received a copy of the above-referenced \_\_\_\_\_ policies and procedures. I hereby agree to abide by the requirements of these policies as well the compliance and ethics program in general. I further understand that adherence to these policies is a condition of employment or continued business dealings with \_\_\_\_\_, and that I have a duty to report any compliance and/or ethics concerns to either my manager, the Administrator, the Compliance and Ethics Officer \_\_\_\_\_, or as a last resort by openly or anonymously calling our Compliance and Ethics Hotline at (800) 610-2544.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name (If Contractor)

\_\_\_\_\_  
Date