

Continuing care provider
Acknowledgement of disclosure statement delivery

► **Acknowledgement**

I (we) hereby declare that I (we) have received a current disclosure statement from

Provider/facility

dated _____ and numbered 1 through _____ prior to executing
this Residency Agreement.

Date signed _____

Printed name of resident or legal representative

Signature of resident or legal representative

Printed name of witness, Facility

Signature of witness, Facility