



ROYAL PALM ADULT DAY CARE CENTER

ACKNOWLEDGMENT OF SERVICES PROVIDED

On _____, I met with a representative of Royal Palm Adult Day Care Center, Inc., who explained the programs and services provided by the Facility, the specific services I will receive as a participant, and the process used in the development of individualized goals and services.

I was also informed of the financial arrangements, including applicable rates, billing procedures, and payment terms. In addition, my rights and responsibilities as a participant, the grievance and appeal procedures, and applicable Facility policies were explained to me in a manner that I understand.

I acknowledge that I was given the opportunity to ask questions and that this information was provided to me prior to or at the time of enrollment.

Acknowledgment & Signature

Participant / Legal Representative Signature: _____

Printed Name: _____

Date: _____

Relationship to Participant (if applicable): _____