



## **RESIDENT ACKNOWLEDGEMENT**

### **RESIDENT RIGHTS**

- I have received a copy and understand my rights as a resident of Rose's Place Incorporated.

### **ADVANCE DIRECTIVES**

- I have been asked to provide a copy of an Advance Directive and Burial Arrangements.

### **RESIDENT HANDBOOK**

- I have received my copy of the Resident Handbook, and will familiarize myself with the contents within.

### **PHOTO AND MEDIA RELEASE**

- I hereby authorize and consent to the release of my picture and/or my name to the press and other news media by Rose's Place Incorporated.
- I do not wish that my picture and/or name be release to the press or media.

### **I HAVE READ AND INDICATE MY UNDERSTANDING AND ACCEPTANCE OF THE ABOVE BY MY SIGNATURE BELOW:**

Resident's Signature/Date: \_\_\_\_\_

Responsible Party/Date: \_\_\_\_\_

Witness Signature/Date: \_\_\_\_\_