

Receipt of Resident Handbook and Residents' Bill of Rights
for:

- _____ Independent Living
- _____ Assisted Living/Comprehensive Personal Care
- _____ Skilled Nursing

Patient/Resident Name: _____

I have received a copy of the Residents' Bill of Rights as established by the State of New Jersey and these rights have been reviewed with me. I understand that if I have any questions or concerns regarding the exercise of these rights, I may contact the staff member who assisted me with my admission or any department manager. I have been provided with contact information for the Office of the Ombudsman for the Institutionalized Elderly.

I have received a copy of the Resident Handbook.

Name of Patient, Resident, or Resident Representative

Signature of Patient, Resident, or Resident Representative

Signature: _____ Date: _____