

# Ohio Department of Mental Health and Addiction Services

## Sample Resident Rights/Policy/Procedure Acknowledgement

Facility Name:

License No.:

I,  have received and have had explained to me, a copy of the following:  
Resident's name

- The Resident's Rights Policy
- Transfer and Discharge Rights and Procedures
- House Rules
- Facility Smoking Policy
- Facility Grievance Procedure
- Mental Health Evaluation and Services Referral Policy
- Special Diet Procedures
- Facility Visitation Policy
- Facility Roommate Policy

I have also received a copy of the Resident Agreement. The contents of these documents have been explained to me and I understand my rights set forth therein.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Signature of Guardian or Legal Representative

\_\_\_\_\_  
Signature of Case Manager (optional)

Date