

**20\_\_-20\_\_ ACKNOWLEDGMENT OF RECEIPT OF THE APPEALS-GRIEVANCE PROCEDURE  
and FRAUD, WASTE AND ABUSE POLICY**

By signing and dating this form, I, the person supported, or legal representative indicate that I have received and understand the forms listed below:

Appeals/Grievance Procedure

Fraud, Waste and Abuse Policy

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date Signed

or

\_\_\_\_\_  
Personal Representative/Guardian as applicable

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Agency Employee

\_\_\_\_\_  
Date Signed