



**Acknowledgment Concerning Outside Services**

I, \_\_\_\_\_, do hereby acknowledge that any respite or related services provided by Forward Journey employees outside of the Adult Day Services program hours are provided by those employees in their individual capacity and that such services are in no way affiliated with, sponsored by, or endorsed by Forward Journey.

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Name of Person Served (Please Print)

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Signature

Date

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Full Name of Person Signing and Relationship to Person Served (Please Print)