

Acknowledgement of Receipt of Client Rights and Grievance Procedures

Client Name:	Agency Number:
Program Name:	Admission Date:

I have received and have been informed of the following policies and procedures and understand that I am free to ask questions at any time throughout my service:

	Client Initials	Parent/Guardian Initials
LUK Client Rights	_____	_____
LUK Grievance Procedures	_____	_____

I also understand that this acknowledgement will be placed in my record.

By signing below I am acknowledging my receipt and understanding of the above documents.

*This document will be valid until **one year** from the signature date.*

Client Signature (required for clients 12 years old and older)	Date
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Parent/Guardian Signature	Role	Date
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Staff Signature	Date
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If signature not obtained, reason must be listed below:
