TN Department of Disability & Aging | Family Support Program

FAMILY SUPPORT PROGRAM

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 Person Supported or Legal Representative | Date Signed

_____ _____

Signature of Agency Employee | Date Signed