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| **VOLUNTARY ADMISSION STATEMENT** |

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| *Printed Name of Resident* |  | *Date of Admission* |

(Name of Facility here) is an approved, secured perimeter facility designed to provide residents who suffer from Dementia and Dementia-like Disorders with a safe and secured environment. Our secured environment maximizes resident safety and still allows freedom of movement. To this extent, Title 22 regulations provide that a voluntary admission statement must be signed by the resident and/or responsible party, on behalf of the resident, upon time of admission. This document will be maintained in the Resident’s facility record and a copy will be made available to the Department of Social Services Community Care Licensing upon their request.

The undersigned is/are aware that (Name of Facility here) is a secured environment and agree that this environment is in the best interest of the resident.

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| *Signature of Responsible Party* |  | *Date* |
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| *Signature of Executive Director* |  | *Date* |