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Receipt for Bill of Rights for Persons Who Are Developmentally Disabled

Name: _____

Date: _____

SS: _____

Name of Guardian: _____

I _____ or the guardian have received a copy of the Bill of Rights for Persons Who Are Developmentally Disabled. I understand that if I have any questions I may ask my provider Shelby Dowd. I also understand that if I need additional information my provider will help me obtain it.

Consumer Signature: _____

Date: _____

Providers Signature: _____

Date: _____