

A GLIMMER OF HOPE LLC

POLICIES AND PROCEDURES

READ AND RECEIVED ACKNOWLEDGMENT

I acknowledge that I have received, reviewed, and gone over the **Policies and Procedures** provided by **A Glimmer of Hope LLC**.

I understand that I am responsible for reading and understanding the policies and procedures applicable to my role and responsibilities as a **Host Home Provider/Family Care Provider/Provider**.

By signing below, I confirm that:

- I have received the Policies and Procedures.
- I have gone over and reviewed the Policies and Procedures.
- I have had the opportunity to ask questions and seek clarification regarding the Policies and Procedures.
- I understand that I am expected to follow the policies, procedures, rules, and requirements applicable to my role.
- I understand that I am responsible for remaining informed of any updates, revisions, or changes to the Policies and Procedures.

Provider Acknowledgment

Provider Name: _____

Provider Signature: _____

Date: _____

A Glimmer of Hope LLC Representative: _____

Signature: _____

Date: _____ :::