## **Metro Support Services, Inc.**

P.O. Box 966 Eastlake, CO 80614-0966



Phone: 720.872.2730 Fax: 720.872.2738

## Receipt of Metro Support Services COVID-19 Protocol for Visits and Infectious Disease/COVID-19 Policy and Procedure

I,, ha	ve received a copy of Metro Support Services'
COVID-19 Policy and Procedure as well a	s the Metro Support Services COVID-19 Protocol for
Visits. I have had the opportunity to read	these notices and I have had the opportunity to have
any questions answered regarding these r	notices. I understand that I may contact Bridget
Cranford, Agency Director, for any questio	ons I may have regarding this policy and protocol.
I understand that a complete copy	of all Metro Support Services, Inc. Policies and
Procedures, which includes the COVID-19	Policy and Procedure as well as the Metro Support
Services COVID-19 Protocol for Visits, are	e accessible via the Metro Support Services website.
Name of Darson Providing Continue	
Name of Person Providing Services:	
Signatura	Deter
Signature:	Date: