

☐ Yes

☐ No

Have you provided a copy of your advance directive to Joyful Family LLC?

☐ Yes

☐ No

If no, do you plan to provide one?

☐ Yes

☐ No

Acknowledgment

I acknowledge that I have received information about my right to make advance directives and that I have been given the opportunity to ask questions. I understand that I am not required to have an advance directive in order to receive care from Joyful Family LLC.

Client or Authorized Representative Name: _____

Relationship to Client (if applicable): _____

Signature: _____

Date: _____

Staff Name and Title: _____

Staff Signature: _____

Date: _____



Client Complaint/Grievance Form

Joyful Family LLC

Client Complaint/Grievance Form

Client Information

Client Full Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

Date of Incident (if applicable): _____

Complaint/Grievance Details

Please describe your complaint or grievance:

Date complaint was made: _____

Location where incident occurred (if applicable):

Staff involved (if applicable): _____