

**Acknowledgement of awareness for Palliative Care & Hospice as an available resource**

I \_\_\_\_\_, Resident / legal representative/interested family member, understand that it is Federal Law that Skilled Nursing Facilities make sure that all Residents and/or families have a clear understanding of Palliative Care and/or Hospice as an available resource to us should we choose. I understand that the most appropriate person to educate me on Palliative Care and Hospice is a trained Hospice Educational Liaison. I understand that this Educational Liaison will (per my choice) either meet me face to face or via telephone for approximately 15 minutes to educate me on this available resource. I understand this is not a Palliative Care or Hospice referral.

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Resident/legal representative/interested family member