**\*\*Confidential\*\***

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**CIRCLE OF LIFE ALZHEIMER'S HOMES, L.L.C.**

**Susan E. Wielechowski, Director**

**5620 West Corliss Circle Prescott, AZ, 88305**

**(928) 237 4795 susan@circleoflifecare.com** [**www.circleoflifecare.com**](http://www.circleoflifecare.com/)

 Resident’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident Disaster Orientation Acknowledgement** (Circle of Life Alzheimer's Homes, L.L.C. hereinafter referred to as "COLAH, L.L.C.")

**I or my representative have been oriented to the emergency procedures of Circle of Life Alzheimer’s Homes, LLC per their policy and procedures:**

* **Entry/Exit Doors**
* **How to Open/Close Windows**
* **Fire Extinguisher Locations**
* **Smoke Detectors’ Locations**
* **Assembly Areas for Drills and/or Emergencies**
* **Location and Operation of Telephones**
* **Evacuation Plan and the Location of its Hallway Placement on Each Floor** (If there is More than One Floor)
* **Evacuation Drills and their Types**
* **Disaster Plan Including Relocation Steps to be Taken**

**Acknowledgements**

**Resident’s or Responsible Party’s Signature**

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**Full Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Witness Thereof:**

**Signature of COLAH, L.L.C. Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**