

Fountain of Hope Family Services Inc.

10326 Greenbrier Parkway
Oklahoma City, Ok 73159

Acknowledgement of Receipt of Home Based Procedures Manuel

The home based safety procedures describe important information about **FOHFS**, and I understand that I should consult the **Executive Director** regarding any questions not answered in the home based safety procedures.

Since the information, described herein are necessarily subject to change, I acknowledge that revisions to the home based safety procedures may occur. All such changes will be communicated through **official notices** and I understand that revised information may supersede, modify, or eliminate existing home based safety policies.

Furthermore, I acknowledge that this home based safety procedures handbook is not a contract of employment. I have received the home based safety procedures handbook and I understand that it is my responsibility to read and comply with the policies contained in this home based safety procedures handbook.

Employee Name Printed

Employee Signature

Date