



## Therapeutic Return/Release of Responsibility Upon Resident Returning to the Facility

Client Name		Record Number	
Resident's Condition upon Returning to the Group Home:			
Problems Noted:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:			
Medication returned and counted:			

*I, as a responsible person or guardian of this resident, do hereby return the resident to the Yadkin Home Place Group Home for the Group Home to assume full responsibility for the care and well-being of the resident.*

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Responsible Person/Guardian (Print Name)

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Responsible Person/Guardian Signature

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Date/Time

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Group Home Manager or Staff

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Date/Time