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## Signature Page and Credential

I acknowledge that I have received the South Carolina Client/Guardian Handbook for 2017 and I have read the policies and procedure contained in this Handbook.

I further understand that the information contained in the handbook represents policies, procedures, and guidelines for the Unique Caring Foundation and that the Unique Caring Foundation reserves the right to modify the Handbook or amend or terminate any policy, procedure, or benefit program at any time.

I further understand that if I have any questions about the interpretation or application of any policies contained in the Carolina Client/Guardian Handbook for 2017, I should direct these questions to the Executive Director.

\_\_\_\_\_  
Beneficiary Signature:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Client/Guardian Signature:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date