

**Resident Room Choice Acknowledgment Form**

**Resident Name:** \_\_\_\_\_

**Date of Admission or Room Selection:** \_\_\_\_\_

**Room Number/Description Selected:** \_\_\_\_\_

**Staff Name Assisting with Selection:** \_\_\_\_\_

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**Statement of Choice and Rights**

I acknowledge and affirm the following:

1. I was provided with information about all available rooms at the time of my selection.
2. I was given the opportunity to tour or view available rooms before making my choice.
3. My preferences regarding location, roommates (if applicable), and other relevant factors were considered to the extent possible.
4. My choice of room was made voluntarily and without any form of coercion, intimidation, or undue influence.
5. I understand that my right to privacy, dignity, and respect will be upheld in accordance with the **Home and Community-Based Services (HCBS) Final Rule, DBHDS regulations,** and all applicable human rights standards.
6. I understand that if I have concerns or wish to request a change in room assignment, I can speak to staff at any time, and my request will be considered as part of my person-centered planning process.
7. I acknowledge that this facility is a **non-smoking facility**, and I agree to comply with all related policies.
8. A copy of this signed acknowledgment is available to me upon request in compliance with my human rights.

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**Resident Signature:** \_\_\_\_\_

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

**Staff Witness Signature:** \_\_\_\_\_

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