

**CHRISTIAN CARE CENTERS, INC.**  
**RESPONSIBLE PARTY APPOINTMENT**

The Resident's Responsible Party may be any person legally responsible for the Resident. A competent Resident shall not be required to designate a Responsible Party.

Please check **one** of the four following selections, whichever is most appropriate.

- The undersigned has been legally appointed guardian, conservator and/or holder of a power of attorney to act on behalf of the Resident and shall serve as Responsible Party for the Resident. The undersigned has delivered to the Facility copies of the legal documents designating him/her as the guardian, conservator and/or holder of a power of attorney of the Resident. In consideration of the Facility's agreement to admit the Resident to the Facility, the undersigned, individually and personally, hereby warrants, represents, covenants and agrees to the Conditions as set forth and defined in the Residency and Care Agreement.
- The Resident does not have a legally appointed representative and wishes to give the responsibility to someone else. I hereby appoint \_\_\_\_\_ as my representative (the "Responsible Party") and hereby authorize him/her to handle my finances, pay my expenses, receive my personal funds and, if I am unable, to execute the Residency and Care Agreement on my behalf. Any signature of Resident or Responsible Party on the Residency and Care Agreement and/or this or any other document attached thereto or referenced therein shall be considered binding on both the Resident and the Responsible Party. The undersigned hereby agrees to the Conditions as set forth and defined in the Residency and Care Agreement.
- The Resident is competent and does not have a court-appointed guardian, conservator or power of attorney, and has not appointed a Responsible Party, but alone shall execute the Residency and Care Agreement. In consideration of his/her admission to the Facility, the undersigned hereby agrees, warrants and represents to the Conditions as set forth and defined in the Residency and Care Agreement.
- The Resident is mentally or physically incapable of executing the Residency and Care Agreement, handling his/her own affairs or appointing a Responsible Party and does not have a guardian, conservator or durable power of attorney. The Resident's physician will certify in writing that the Resident is incapable of executing the Residency and Care Agreement and that placement in the Facility is appropriate. The undersigned voluntarily agrees, on behalf of the Resident, to act and serve as Responsible Party for the Resident. In consideration of the Facility's agreement to admit the Resident to the Facility, the undersigned individually hereby warrants, represents, covenants and agrees to the Conditions as set forth and defined in the Residency and Care Agreement.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Resident's Printed Name

\_\_\_\_\_  
Facility Representative's Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date