



(d) The refund policy to apply when transfer of ownership, closing of center, or participant discharge occurs. (Specify)

3. The Center agrees to provide a monthly statement or itemized receipt of the Participant's account.

The Center agrees that the monthly statement or itemized receipt will contain an itemized list of any charges made and any payments received during the previous calendar month and will show the balance due or any credits for overpayment on the Participant's account.

4. The Participant agrees that the following actions, circumstances, or conditions would result or might result in his discharge from the facility:

5. Other:

In witness whereof the parties have caused this agreement to be executed by their official signatures thereunder duly authorized.

Center Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Address and Telephone Number of Regional Licensing Office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***A signed copy is to be provided to the Participant or any personal representative  
and a copy is to be retained at the Center.***