



**AFFIRMATION
Of
FAMILY SUPPORT PROVIDERS
EMPLOYEE HANDBOOK**

I have received a copy of LifeQuest's Family Support Providers Employee Handbook. I have read and understand the requirements and procedures in the Employee Handbook.

I also understand this Handbook is a guide for conduct and is not to be construed as a contract between LifeQuest and me. I am aware that LifeQuest may change, rescind, or add to any policies practices described in the Family Support Providers Employee Handbook at any time.

Employee Signature

Date