



**RECEIPT OF POLICY AND PROCEDURE
DEFICIT REDUCTION ACT OF 2005**

My signature below confirms that in accordance with the Deficit Reduction Act of 2005, I:

- **Have received a copy of the policy and procedure: Deficit Reduction Act of 2005 (Agent, Employee and Contractor Education about False Claims, False Statements and Whistleblower Protections)**
- **Understand that Cabrini of Westchester is committed to complying with the Deficit Reduction Act of 2005 as outlined in this policy and procedure and Cabrini’s Compliance Program.**
- **Agree to abide by the standards contained in the Deficit Reduction Act of 2005 policy, and will assure that any employees, subcontractors or agents of my company/agency/organization will comply as well.**
- **Have had any questions about this policy answered to my satisfaction.**
- **Have been informed that the Cabrini Deficit Reduction Act of 2005 policy and procedure is also available for my review on the Cabrini of Westchester website.**

I acknowledge that I have received and read the Cabrini of Westchester policy and procedure: Deficit Reduction Act of 2005 (Agent, Employee and Contractor Education about False claims, False Statements and Whistleblower Protections).

PRINT Name of Individual

Company Name (if applicable)

Signature of Individual

Date