

CROWN OF LIFE CARE NY LLC

1368 60th Street , Brooklyn, NY, 11219

Phone: (718) 475-2323

Acknowledgement of Receipt

Photo Identification

As an employee of Crown of Life Care NY LLC I, _____ 
acknowledge receipt of the agency issued photo identification badge. As required
by regulation and agency policy, I agree to wear the ID when working where it is
visible to the eye immediately by the patient, all the patient's family members
and supervising nurse.

The identification badge is the property of Crown of Life Care NY LLC and will be
returned to the agency upon termination of employment.

I understand that there will be a charge of \$10 for a replaced identification badge.



Employee Signature/Title

Date