

RIDER TO RESIDENTIAL AGREEMENT WITH ASSISTED LIVING FACILITY

Resident and Facility agree that the Facility will be the Resident's "home," with the dignity and privacy that concept implies. Resident hopes to remain in this home for the duration of his/her life.

Facility will respect Resident's end-of-life choices and will not delay, interfere with, or impede any lawful option of treatment or non-treatment freely chosen by Resident or Resident's authorized health care Agent or similar representative, including any of the following end-of-life options:

- Hospice or palliative care services in the home;
- Foregoing or directing the withdrawal of life-prolonging treatments;
- Aggressive pain and/or symptom management, including palliative sedation;
- Voluntary refusal of food and fluids, with palliative care, if needed;
- Any other option not specifically prohibited by State laws.

Resident's Name: _____ Date: _____

Resident's Signature: _____

Facility Representative's Name: _____ Date: _____

Facility Representative's Signature: _____