



## SMOKING POLICY ACKNOWLEDGEMENT FORM

Your signature and date below acknowledges that you have been informed of the West Virginia Veterans Nursing Facility "Smoke Free Policy" and have **agreed that you will not smoke** in or outside the facility and also that you understand your responsibility to follow this policy. If you are found smoking in or outside the premises of this facility you may be discharged from the facility according to applicable state and federal laws.

\_\_\_\_\_  
Veteran's Name

\_\_\_\_\_  
Resident/Resident Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Representative

\_\_\_\_\_  
Date