

**Madison County
Acknowledgement Form
Vendor/Agency Compliance Training**

Our organization, _____,
acknowledges that we have viewed the Compliance training video on
_____. We have been provided with the opportunity to ask any
questions that we may have. We acknowledge that we have read the
Compliance Plan and the Code of Conduct. We understand that we must report
any instances of possible violations of the Compliance Plan and the Code of
Conduct to the Compliance Officer. We understand that Madison County
maintains a hotline for confidential or anonymous reporting of possible violations
of the Compliance Plan and Code of Conduct. We understand that our failure to
comply with the Compliance Plan and Code of Conduct or to report possible
violations may result in termination of our contract with Madison County.

Vendor/Agency Name

Authorized Representative Name/Title

Signature/Date

Please send completed acknowledgement form to:

Corporate Compliance Officer
P.O. Box 605
Wampsville, NY 13163
ATTN: Eric Faisst

or

Fax (315) 366-2697
ATTN: Eric Faisst