

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Aging and Disability Services Division  
*Helping people. It's who we are and what we do.*



Dena Schmidt  
Administrator

---

## ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT FORM

I, \_\_\_\_\_, agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement. I further agree my signature on this document is as valid as if I signed the document in writing. This is to be used in conjunction with the use of electronic signatures on all forms regarding any and all future documentation with a signature requirement, should I elect to have signed electronically.

Under penalty of perjury, I herewith affirm that my electronic signature, and all future electronic signatures, were signed by myself with full knowledge and consent and am legally bound to these terms and conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_