

**Aging and Disability Services Division**  
Electronic Communication Devices for Personal Living Spaces in Covered  
Facilities

Roommate Consent to Electronic Device Form

Person Served First and Last Name:

Person Served Authorized Representative:

Home and Room Number:

I understand there has been a request to install an electronic communication device in the room I share.

After considering the request I:

☐ Consent/Agree to the device installation and use.

**OR**

☐ Do not consent/Do not agree to the installation and use of the device.

I understand I have the right to withdraw my consent for the device in my room at any time.

Person Served or Authorized Representative Signature: \_\_\_\_\_

Signature date:

Received by:

Date: