

**ACKNOWLEDGEMENT**

I have received a copy of the ROSIE User Manual for the Balance of State Continuum of Care. I understand that I may make copies of the manual for use within my agency. This manual is not to be shared with those outside of my agency.

I understand that any periodical updates required in the ROSIE User Manual will be provided to me through MASW's HMIS Project. It will be my agency's responsibility to include these changes into the hard copy manual I have been provided.

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Agency Name (Please Print)

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Date

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Agency Representative Name (Please Print)

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Representative Signature

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HMIS Staff Name (Please Print)

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Date

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HMIS Staff Signature