

**Assisted living Facility Quality of Life/Quality of Care Assessment System**

We hereby grant the use of the Assisted living Facility Quality of Life/Quality of Care (ALF QL/QC) Assessment System to the undersigned in the following terms:

The user is granted use of the Assisted living Facility Quality of Life/Quality of Care (ALF QL/QC) Assessment System for clinical and research purposes on a royalty-free basis provided the unidentified data is shared with the developers of the index. This lease is for the sole use of the user identified below and the clinical research group to which s/he is affiliated.

The instrument or any translation thereof may not be used by any other entity or group without written permission from the Principal Investigator. Any other use of the Assisted living Facility Quality of Life/Quality of Care (ALF QL/QC) Assessment System without the express written consent of the authors is prohibited.

The user agrees to provide the authors of the Assisted living Facility Quality of Life/Quality of Care (ALF QL/QC) Assessment System a copy of the final data and demographic information which should be used for further development of the Assisted living Facility Quality of Life/Quality of Care (ALF QL/QC) Assessment System .

AGREED this \_\_\_\_\_ day of 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Collaborative User

\_\_\_\_\_  
Printed Name of Collaborative User

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Study Title: \_\_\_\_\_

Anticipated Start and End Dates: \_\_\_\_\_

Participants (anticipated number, demographics, where obtained):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Marion Becker, Ph.D., Principal Investigator