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Appendix B – Acknowledgement Receipt

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**Acknowledgment of Receipt**  
**Astor Services for Children & Families Corporate Compliance Plan**

Name of Employee, Organization, or vendor: \_\_\_\_\_

SSN, Employee ID (if Astor staff), or Tax ID: \_\_\_\_\_

This is to certify that \_\_\_\_\_ (organization/person name)  
has received and understands my/our responsibility to ensuring compliance with Astor Services for  
Children & Families' Corporate Compliance Plan.

\_\_\_\_\_  
Signature of Employee/Vendor / Organization

\_\_\_\_\_  
Date