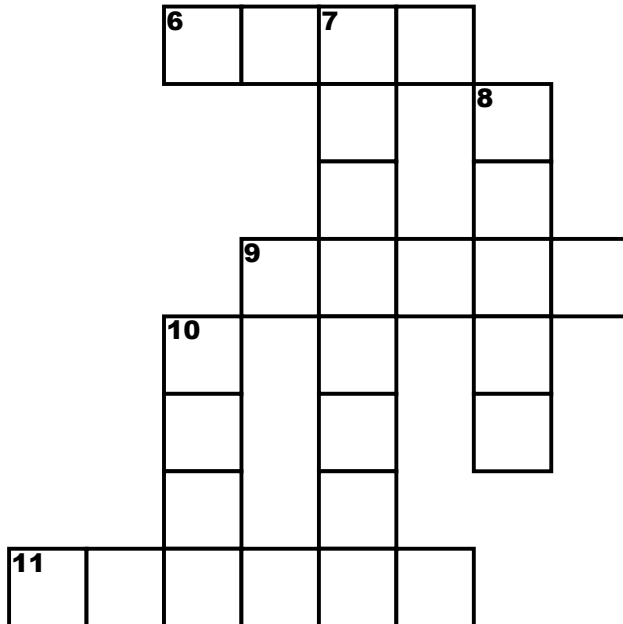
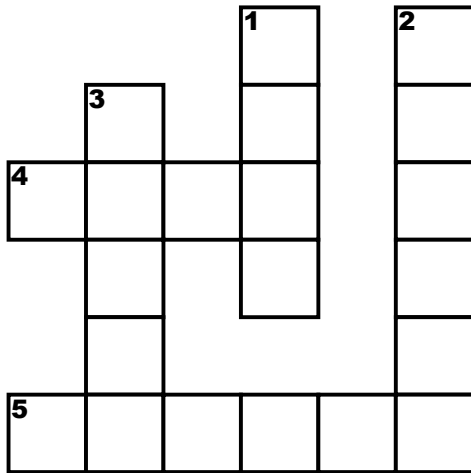


Name: _____

Date: _____

THE KINDRED HOSPICE TEAM



Across

- 4. PATIENT CARE MANAGER**
- 5. HOSPICE AID**
- 6. CHAPLAIN**
- 9. MEDICAL DIRECTOR**
- 11. REGISTERED NURSE**

Down

- 1. EXECUTIVE DIRECTOR**
- 2. ADMISSION COORDINATOR**
- 3. HOSPICE AID**
- 7. LPN**
- 8. HOSPICE SPECIALIST**
- 10. REGISTERED NURSE**