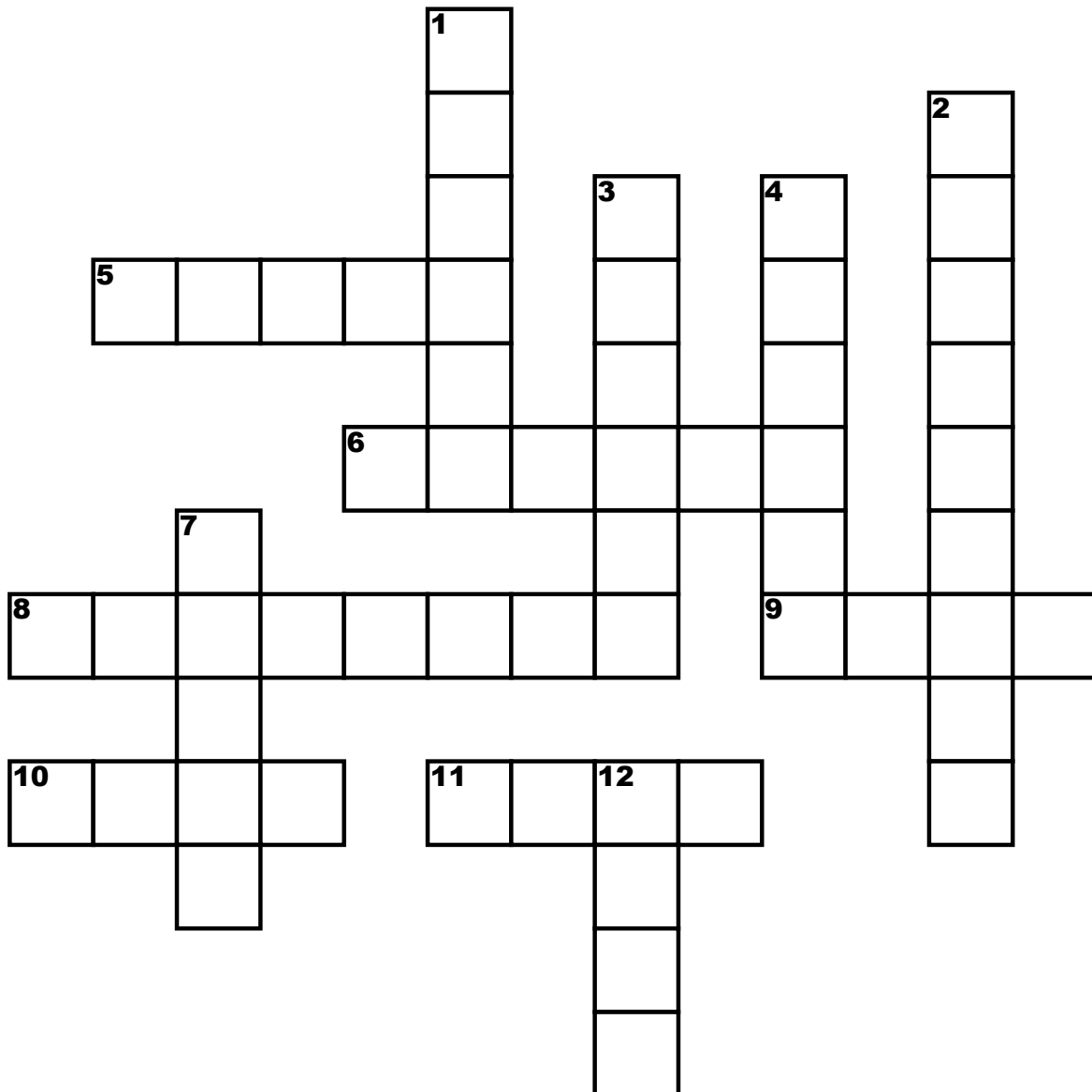


Name: _____

Date: _____

THE KINDRED HOSPICE TEAM



Across

5. MEDICAL DIRECTOR

6. REGISTERED NURSE

8. HOSPICE AID

9. REGISTERED NURSE

10. EXECUTIVE DIRECTOR

11. CHAPLAIN

Down

1. NURSE PRACTICIONER

2. HOSPICE AID

3. REGISTERED NURSE

4. ADMISSIONS COORDINATOR

7. HOSPICE SPECIALIST

12. PATIENT CARE MANAGER