NAME OF PROSPECTIVE RESIDENT    NAME OF ALF

I hereby give approval for the resident named above to be placed in a special care unit (safe secure environment) for persons with serious cognitive impairments due to a primary psychiatric diagnosis of dementia with an inability to recognize danger or protect their own safety and welfare. Written approval for placement in a special care unit is required by § 63.2-1802 of the Code of Virginia.

(Signature)     (Printed Name)    (Date)

Specify relationship to resident:

_____ Self
_____ Guardian or legal representative for the resident
_____ Spouse
_____ Adult child
_____ Parent
_____ Adult sibling
_____ Adult grandchild
_____ Adult niece or nephew
_____ Aunt or uncle
_____ Independent physician

To be completed by assisted living facility.

Explanation of why written approval was not obtained from each individual higher on the list of priority.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

(Signature of ALF Representative)

(Title)    (Date)