

APPROVAL FOR PLACEMENT IN SPECIAL CARE UNIT
(See 22 VAC 40-72-1080)

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

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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)