

**APPROVAL FOR PLACEMENT IN SPECIAL CARE UNIT**  
**(See 22 VAC 40-73-1100)**

\_\_\_\_\_  
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)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Date)*