

MODEL FORM - ALF

APPROVAL FOR PLACEMENT IN SPECIAL CARE UNIT

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 (*see reverse side*).

(Signature)

(Printed Name)

(Date)

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

Explanation of why written approval was not obtained from each individual higher on the list of priority (*to be completed by assisted living facility*):

(Signature of ALF Representative)

(Title)

(Date)

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§ 63.2-1802. Safe, secure environments for residents with serious cognitive impairments. - Assisted living facilities may provide safe, secure environments for residents with serious cognitive impairments due to a primary diagnosis of dementia if they comply with the Board's regulations governing such placement. The Board's regulations shall define (i) serious cognitive impairment, which shall include, but not be limited to, an assessment by a clinical psychologist licensed to practice in the Commonwealth or by a physician and (ii) safe, secure environment. Prior to placing a resident with a serious cognitive impairment due to a primary diagnosis of dementia in a safe, secure environment, an assisted living facility shall obtain the written approval of one of the following persons, in the specified order of priority: (a) the resident, if capable of making an informed decision; (b) a guardian or legal representative for the resident; however, such an appointment shall not be required in order that written approval may be obtained; (c) a relative authorized pursuant to the Board's regulations to act as the resident's representative; or (d) an independent physician who is skilled and knowledgeable in the diagnosis and treatment of dementia, if a guardian, legal representative or relative is unavailable. Such written approval shall be retained in the resident's file.