<table>
<thead>
<tr>
<th>NAME OF PROSPECTIVE RESIDENT</th>
<th>NAME OF ALF</th>
</tr>
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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)