



Verification of Live-In Aide

Your primary physician, psychiatrist, or other medical practitioner should complete this form for establishing eligibility. We are prohibited from asking about the nature of the special needs. Please do not disclose specific details or diagnoses. It is also understood that the Live-In Aide must meet all qualifying rental criteria, which includes passing a criminal background check and meeting the minimum age requirements for the community to which the resident is requesting a Live-In Aide. The Live-In Aide must be a licensed home-health agent.

I hereby authorize the release of the information and acknowledge the requirements of a Live-In Aide as referenced above:

Applicant Signature

Date

Below this line only for physician or healthcare professional

Dear Sir or Madam:

This letter is in regards to John Koten, who has applied for residency at Aldrich 51 Apartments. A request for a Live-In Aide has been made by the applicant. For the request of a Live-In Aide, verification is need by the applicant's primary physician, psychiatrist, or other medical practitioner stating it is necessary for the applicant to have the support of a Live-In Aide.

This person has a condition that:

- a. Is expected to be of a long, continued, or indefinite durations.
- b. Substantially impedes his or her ability to live independently.
- c. Could be improved by the use of a Live-In Aide.

In my professional opinion, the above named person () Does () Does not meet the above criteria.

Medical Providers Signature

Date

Title