



NON-AMBULATORY AUTHORIZATION FOR RESIDENCY (R9.10.807)

I, _____, as POA, give permission for my family member,
_____, who is non-ambulatory, to reside at
_____ (the "Facility"), with the best of intentions to them.

POA on behalf of

Date

Family Representative: please note that the state requires the Facility staff to obtain an updated POA Signature annually.

Thank you for your cooperation